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Original Articles

CYCLODIALYSIS VERSUS IRIDODIALYSIS*

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The purpose of this paper is not to bring to your attention a simplification of the long tried and highly gratifying operative means, as iridectomy and iridodialysis, for the relief of intraocular tension in the way of a newer operation, which has proven itself efficient in my own experience, as my opportunities for putting it even to an experimental test have been too limited, but rather to give you one of the earliest reports of consequence on cyclodialysis, a new operation which, as I saw it last year repeatedly performed in Fuch's clinic, appealed to me through its remarkable simplicity, and to my mind promises in the future, if adopted in properly selected cases, to give results at least equal to the older methods and, at the same time reduce the possibilities of surgical complication.

I believe it has now been long the conclusion that the pressure in the chambers of the eye is maintained at the normal through the constant physiological secretion and excretion of the fluids that flow through them, and that these fluids have their physiological origin, like all other secretions, from the blood stream. As an anatomical origin two possible sources have been considered, namely, the two vascular membranes, the uveal tract and the retina.

The retina as a source can at once be eliminated, as clinical observations fully prove that complete obstruction of the retinal vessels by embolism causes no appreciable change in intra-ocular tension.

The uveal tract is composed of three distinct parts: The choroid, extending forward as far as the ora serrata; the ciliary body, extending from the ora serrata to the base of the iris, and the iris, ending at the pupillary margin.

The function of these several parts may to a large extent be determined by their structure and relations.

The choroid is applied by its internal layer to the external layer of the retina; its capillaries supply the pigmented epithelium and the epithelial cells stimulate the layer of the rods and cones to activity. The capillary plexus grows less from the posterior pole to the ora serrata, corresponding with the difference of sensibility in corresponding zones of the retina.

This strongly indicates that the chor-

References: Royal London Ophthalmic Report kindly given me by Mr. Treacher Collins. Erasmus Wilson Lectures by Priestly Smith.
Reprint of his first report from Records of Allgemeines Krankenhaus Clinic (Vienna), by Meller.

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oid has nothing to do with nourishing the vitreous body. And it is altogether unlikely that a membrane with such distinctly differentiated layers and a distinct and separate vascular system of its own, as the retina, should have anything to do with transmitting nourishment to the vitreous from the choroid.

The iris has a plainly defined function of regulating the amount of light entering the eye. It is possible that the posterior surface of the iris may have some secretory function and have something to do with the production of aqueous fluid, but, if so, it is very inconsequential, as we frequently find cases of aniridia, both congenital and traumatic, with no lack of aqueous fluid or change in intraocular tension.

The ciliary body, on the other hand, shows especial adaptation for the supply of fluid to the vitreous body, the lens, and the aqueous chamber. Where it is in conjunction with the vitreous, its secreting surface is traversed by a series of grooves and ridges, and when in relation to the aqueous it shows still greater convolution, and is particularly adapted to rapid secretion. The vitreous has its chief attachment in the region of ciliary body, is attached firmly to the ora serrata, and forward of this its limiting membrane is separated from the secreting surface of the ciliary body by only a single layer of cylindrical cells.

Pathological anatomy gives us further proof of the ready secreting function of the ciliary body. If we examine eyes which have been excised during the first stage of vitreous infiltration we find an inflammatory exudate, entering the vitreous at this portion of the uveal tract, and the region of its inflow is limited posteriorly by the ora serrata; also we find a shrinking vitreous, while separated from the retina, retains its attachment to the region of the ora. Again, while atrophy of the choroid does not necessarily affect the transparency of the vitreous, disease in the ciliary region always tends to its destruction. Experiments upon animals have fully confirmed this inference.

Deutschmann found that removal of the ciliary processes and iris from rabbits, which he was able to effect without loss of lens or vitreous, or inflammatory destruction of the eye, was followed by total absence of aqueous secretion and by atrophy of vitreous and lens.

Schoeler and Uhthoff found that by subcutaneous injection of fluorescine there is a rapid coloration of the aqueous fluid and a more gradual coloration of the vitreous, and that the colored secretion proceeds from the ciliary body and perhaps in small degree from the posterior surface of the iris. Leplat demonstrated this by a different method. He injected potassium iodide, enucleated the eyes, froze them, cut into zones and made a quantitative test for potassium iodide of the different zones.

These and other experiments prove that the fluid which goes to nourish the vitreous body and lens and to form the aqueous, is secreted chiefly, if not wholly, by the ciliary portion of the uveal tract.

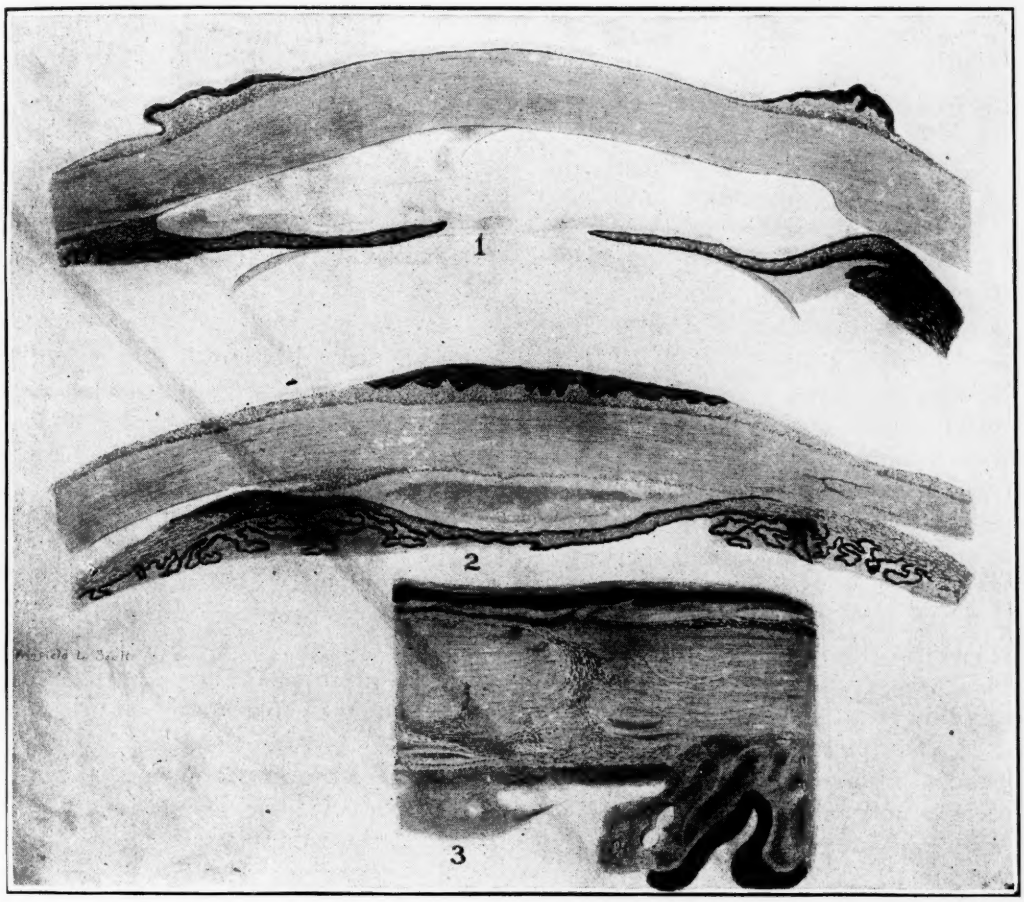
In what direction do the fluids pass on their way through the chambers, and where do they escape? There is no doubt that they pass from the posterior chamber forward through the pupil into the anterior chamber, though some have asserted that there is a current passing forward through the base of the iris, though this I think is not conclusive. Furthermore, the current through the pupil is proven by the fact that when there is complete adhesion of the pupillary margin to the lens capsule, fluid collects behind the iris, with resulting iris bombe, and other disastrous results.

That the fluids escape from the anterior chamber through the canal of Schlemm was well proven by Leber's experiments. He took the freshly excised eyes of dogs, pigs and cats and injected the anterior

chamber with diffusible colored solution, which he found passed readily into the canal of Schlemm and the veins of the iris and visibly injected the episcleral venous plexus, and the conjunctival veins and escaped through the cut ends of vessels, while colloid solutions, which do not readily pass through membrane, caused no injection of the vessels.

He further made a beautiful crucial test by taking a mixture of carmine and Prussian blue, injecting them into the anterior chamber; the carmine, which filters readily, was found in the vessels, while the Prussian blue, which does not easily filter, was arrested and was afterward found by the microscope collected in meshes in the fibers of the ligamentum pectinatum.

Leber showed also that the cornea, so long as the posterior epitheluim remains intact, is not permeated by aqueous fluid.



Priestly Smith also made conclusive experiments proving the same thing.

There has been a question as to whether the aqueous fluid does not escape in part at the papilla. Schwalbe described certain lymph spaces within the optic sheath which he said find their exit through the lymph passages of the

skull and convey not only the lymph of the optic nerve, but that also of the retina and vitreous body.

Stilling, Leplat, Gifford and Uhthoff made extensive experiments in this line, but these mostly with the ultimate conclusion that the fluids which nourish the vitreous and lens and fill the anterior chamber are secreted chiefly by the ciliary portion of the uveal tract, and that the larger part of the secretion finds its exit through the filtration angle.

Priestly Smith, dividing glaucoma into two groups, primary and secondary, defines them simply as primary glaucoma that forms where we cannot find a previous disease as the cause, and secondary, where we *can* find a previous disease as the cause. And I would add that primary glaucoma is the condition of increased intraocular tension due to closure of the filtration angle.

Cyclodialysis is a comparatively new operation suggested by Heine, and first reported by him at Heidelburg two years ago. His method is as follows: Under cocaine anesthesia, with the eye turned slightly in and up, and held by fixation forceps, an incision is made through the conjunctiva and Tenon's capsule at right angles to the limbus, to admit of an incision through the sclera; this incision to be made parallel with the limbus and about five millimeters from the limbus and about two millimeters long. The sclerotic lamella should be cut vertically and to avoid laceration of the uveal tissues it is advisable to use the front of the edge of the knife and not the point. The penetration of the sclerotic is noted by the lessening resistance which the sclerotic fibers offer to the last remaining layer, and by the dark color of the uvea, and lastly by the fact that the least touch to the ciliary is painful, while the incision through the sclerotic is painless.

Adrenalin should be combined with the instillation of cocaine before operation. Great care should be taken to avoid the cutting of ciliary vessels, since in cases indicating this operation they are always engorged. If they are lacerated or cut they will bleed all through the operation, which will greatly interfere; also there is danger of absorption of blood through the suprachoroidal space into the anterior chamber, which would later prevent satisfactory observation of the condition of iris. The sclerotic should be kept constantly sponged with saline solution, so that the surgeon can keep a careful lookout for the dark color of the uvea.

The cut through the sclera should be long enough to admit a common iris spatula, for which two millimeters is sufficient; a much longer cut would endanger the eye with prolapse of ciliary vessels.

The second step of the operation is the insertion of the spatula between the sclerotic and ciliary body and its forward movement. It happens not infrequently that when the spatula is inserted an obstruction is felt. Almost always this is due to a few fibers of the sclerotic which are left uncut. Under no circumstances should one try to force the spatula through these, but withdrawing the spatula complete the separation of the scleral fibers. Insert the spatula through the scleral cut, then quickly turn it parallel to the inner surface of the sclerotic plane, lead it forward close to and parallel to this plane. Soon the point will appear in the angle of the interior chamber. Now comes the third part of the operation, the loosening of the ciliary body—the cyclodialysis proper.

With side movements of the spatula you now separate the ciliary body downward to the lower end of the vertical meridian, upward to the outward end of the horizontal meridian, so that you undermine a quadrant of the circle. The spatula turns round an axis vertical to its direction from the perforation point

in the sclera. The spatula should not penetrate further into the anterior chamber than just so that the point is in view. After the undermining, turn spatula to original position and withdraw slowly and carefully.

The introduction of the spatula is, in general, not difficult; the only danger is in the laceration of the ciliary body. Therefore, introduce the spatula through the scleral incision obliquely and not vertically. During the procedure of undermining the ciliary, if any resistance is felt it will be due to the following reasons:

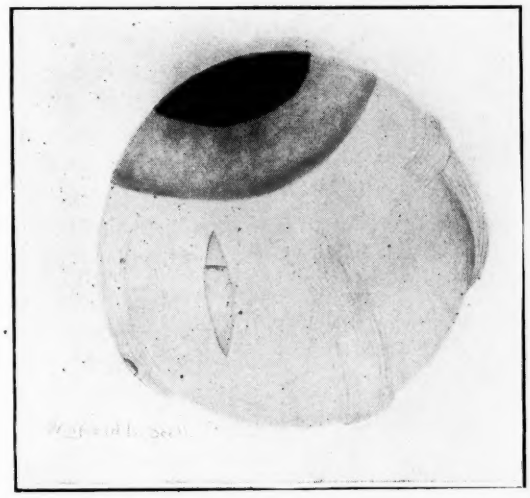


Fig. 4—Diagram of the Incision.

1. A few scleral fibers not cut through may cause the obstruction, but if such is the case it will be noticed before the spatula has entered the incision more than one millimetre.

2. A blood vessel leading from the ciliary body to the sclera or a ciliary nerve may be in the way.

Here Meller lays considerable stress on the necessity of keeping the wound free from blood, in order to see the dark color of the uvea, and again for the reason of the liability of insuction of blood through the suprachoroidal space made by the spatula, particularly on its withdrawal. Here Meller recommends compression upon the eye.

A resistance will be noticed just before the entrance of spatula into the anterior chamber, due to the radiation of the ciliary fibers into the sclerotic. Slight inclination of the spatula toward the iris will remove this resistance.

A fourth cause of resistance may be from too great pressure upon the spatula, which may be suddenly forced through the fibers of the ligamentum pectinatum and between Decemet's membrane and the parenchyma of the cornea; this mishap will be detected by noticing a fine shining golden line rolling inself up into the anterior chamber. This is the loosened Decemet's membrane.

It might be advisable to sharpen the end of the spatula, so that it will cut freely through the fibers of the ligamentum pectinatum, instead of tearing through them and under Decemet's membrane. When this accident happens a turbidity is noticeable on the posterior surface of the cornea, due to proliferation of endothelial cells from the trauma, which turbidity, however, clears up in a

short time, or it may be due to a slight injury of endothelial layer of the cornea less than the separation of Decemet's membrane.

A fifth reason for resistance is the peripheral radiation of the iris into posterior surface of the cornea. This Meller thinks of little importance.

At the discussion of Heine's paper at Heidelburg, Axenfeldt suggested serious trauma to the canal of Schlemm, but Fuchs suggests that no danger is to be expected from that source, as it is well protected by the sclerotic spur. However, Meller suggests that this may happen if too much pressure is made toward the inner plane of the sclerotic with destruction of the corneal radiation of the ligamentum pectinatum, as these fibers form the inner wall of the canal. This method of Heine lays the angle of the anterior chamber freely open. Figure 1 shows the angle of anterior chamber closed by the peripheral radiation of iris on the right side; the left operated side shows it free as normal. Escape of aqueous will in most cases be obviated by keeping spatula close to sclerotic. However, it is of little consequence should it escape.

After removal of spatula, the wound in conjunctiva is closed with suture, compressor bandage used, and the other eye left free. Meller has a number of times done this operation ambulatory. He avoided, as much as possible, the loss of aqueous fluid and also the use of myotics, so as to obviate any doubt as to the effect of the cyclodialysis on the intraocular tension.

Czermak, however, recommends eserine immediately before and after the operation, so as to keep the iris free, which would be of great value in a possible later iridectomy.

The list of forty-eight cases operated upon by Meller included a number of cases of glaucoma absolutum, also one case of sarcoma choroidae; also a number with occlusion of pupil. A brief summary of his report is as follows:

Cases 1 to 4, acute glaucoma, only in one case the tension was increased after five days. In three he had permanent cure; of these, he had observation of two cases after seven months; in one case at end of one month.

Cases 5 to 9 were of chronic inflammatory glaucoma. Only in one case did the operation give no decrease of tension. Four cases decreased for some days; in five cases permanent—of these latter one was observed for a year, one for eight months, one for six months, and two for five months.

The next seventeen cases were glaucoma absolutum with nineteen cyclodialyses performed. In six cases no success; temporary decrease in five cases; longer lasting decrease in eight cases, but as in this series only one was observed for three months, he decides the duration of observation too short for exact conclusions.

In his estimation of the value of the operation he says it is equal in primary and secondary glaucoma, except in case of occlusion of the pupil; as the operation does not join the two chambers. He suggests its great use in cases when one wishes to be independent of the existence of an anterior chamber. He found it of great value in a case of increased tension following luxation of the lens into the corpus vitreum. Here an attempt at iridectomy will be almost surely followed by prolapse of vitreous.

In concluding his estimate of the general value of cyclodialysis, he says it cannot be compared with iridectomy, on account of its less surety of permanent reduction of tension.

The real indications for cyclodialysis are found in those cases where iridectomy is not only difficult but dangerous.

THE DISTINCTION BETWEEN HYSTERIA, NEURASTHENIA, HYPOCHONDRIA AND SIMULATION.*

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To the better informed among the physicians it may seem that a paper on this subject is superfluous, but it has been my fortune to so often meet with confusion in the minds of doctors when this question is considered, and even to have found these states confused in papers bearing on the fundamental question of their pathology, that it seems to me a further interest would be taken in the subject.

A satisfactory definition of hysteria has perhaps yet to be formulated, but the definition of Babinski that hysteria is "a condition in which all the symptoms can be created by suggestion and all the symptoms be relieved by suggestion" seems to be among the best from a scientific standpoint. It is open to the objection that in practice it is difficult to apply; that it is necessary to cure a patient in order to establish the diagnosis. But for this practical purpose we have certain signs which point undoubtedly to hysteria and its consequent curability by suggestion. These may be divided into the accidents and the stigmata, the first being those phenomena which occur transiently and the second, those more or less permanent signs which we are able to demonstrate on examination. It will be seen that an accident, such as paralysis, may become a stigma if it persists and is demonstrable as a hysterical palsy; on the other hand, stigmata occurring transiently may be regarded as accidents. Chief among the accidents are the attacks, which when typical can hardly be mistaken. We rarely see the major attacks so ably pictured by Charcot and Giles de la Tourette, but rather abortive attacks, emotional or physical, crying or laughing, or hysterical movements or tremor with only a slight stiffening to indicate the typical arc position. The attacks of paralysis, or hemiplegia, of amblyopia, etc., while they must be regarded as among the accidents which can occur to these patients, in most cases the very nature of these paralyses or other accidents, their onset and characteristics are proof of their hysterical nature. The stigmata are of more practical importance because of their persistence and the difficulty in simulating them. To cite a few, for example, the concentric contraction of the visual fields with the reversal of the color fields, the anesthesias of the conjunctiva or pharynx or on the whole surface which do *not* correspond to any nerve distribution or the sensory distribution of any spinal segment. The so-called hysterogenous areas, the mental characteristics, etc., are as plain and diagnostic to the trained neurologist as a heart murmur to the internist.

Now take neurasthenia, the great American disease; add irritability to asthenia and we have the definition in the name. It is the fatigue neurosis. Always the etiology is a strain, either

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mental or physical, which is more than *that* organism can bear. Man varies in respect to his ability to withstand the effects of fatiguing work, so that work which is a sufficient etiology in one man for a profound neurasthenia will not affect another beyond an ordinary tire. The difference between the simply tired man and the neurasthenic is that the tired one will recuperate with his ordinary rest. The neurasthenic cannot recoup his wasted energies without our assistance, though in his case also the chief factor in his cure will be rest. Neurasthenia is distinguished by its fatigue symptoms. The patient looks tired, feels tired mentally and physically, is easily exhausted, so tired he aches especially often in the back. So tired he can't think, will or act, the effort to do so making him more tired and increasing the symptoms. He has not sufficient energy left to fix his attention for any length of time and consequently he complains of lessened memory. With this he is irritable. His tired nervous system responds to the slightest sound or other stimuli, possibly because it disturbs the rest that the system craves. From this it follows that the reflexes will be increased. There are none of the accidents or stigmata of hysteria. Surely there is a wide distinction between neurasthenia and hysteria.

With a hypochondriac we are dealing with a person who believes he is ill when he is not. There are none of the complaints of the hysteric or neurasthenic unless indeed worrying over his supposed illness has produced a complicating neurasthenia, but on the other hand by himself, or his reading of patent medicine advertisements or family doctor books or sometimes, I regret to say, at the word of his physician, he comes to believe he has a disease of some specific sort, heart disease, gastritis. He has symptoms, or what he thinks are the symptoms of this disease or diseases, for he does not necessarily confine his attention to one. He usually presents none of the signs of either hysteria or neurasthenia. He may or may not present some of the signs of his supposititious ailment, such as emaciation and coated tongue from a supposed gastritis. The diagnosis consists in determining the absence of disease, and the cure consists in successfully demonstrating the fact to the patient. This may be, indeed most often is, not easily done. It is a fact we will all admit that a positive demonstration of a negative, of the absence of disease, is difficult under the best of circumstances, but to demonstrate that to a patient firmly persuaded to the contrary is certainly much more difficult. Of all the diseases which we are now considering, it is the most difficult to cure.

In simulation the task of diagnosis may be difficult if the simulator is intelligent or well trained, but the theoretical distinction from hysteria, neurasthenia or hypochondria is simply that a simulator *knows* that his symptoms are unreal and put on to defraud; and he has a purpose in doing so, whether his reason be simply to gain sympathy or whether it be a more material gain. The distinctive point then of simulation is its purposive character, and, second, the consciousness of the patient of the unreality of his symptoms. This latter makes him necessarily play the part of an actor and it is easier, in my opinion, to simulate successfully a broken leg than a neurasthenia, or hysteria, or even the genuine anxiety of the hypochondriac. Of course, a Bernhardt with sufficient practice might deceive the best diagnostician, but given a sufficient length of time, simulation will certainly be detected. It is hard to play a difficult rôle constantly without a little error creeping in now and then.

I hope I have made the distinction between these four conditions clear, as that

was my sole object, and not to go into the pathology, diagnosis or treatment of any of them.

It remains to observe that these four conditions or any two or all of them may be present in the same patient at the same time. Because a patient has hysteria she or he is by no means protected against neurasthenia or hypochondria. It will give us a clearer knowledge of these two diseases than it will to call it hystero-neurasthenia, just as there is a clearer knowledge of the condition present if we say typhoid and pneumonia when he mean that these two diseases are concurrently present; typhoid pneumonia means something different, if it means anything, and I believe the term is going out of use among those who are able to diagnose pneumonia and typhoid. There are in many cases good reasons why there should be two or more of this quartet of diseases present in the same patient. An inherited tendency to a weak nervous system through alcoholism, etc., in the parents may furnish the predisposing cause for any of them; also the presence of one, far from protecting against the other, may act indirectly as a cause for the other. For instance, a neurasthenic wishes sympathy for a real ailment which he feels his physician or his family do not consider as such. He simulates, therefore, other symptoms. He may drink some blood and then vomit it. A physician called in positively diagnoses ulcer of the stomach and and may succeed in convincing the patient of that fact. He is then primarily and really a neurasthenic, but he is also a simulator, and having been convinced of an ulcer of the stomach is also a hypochondriac. There is no excuse, however, for failing to make a distinction between these conditions.

I would suggest, therefore, that in diagnosing and treating any of these conditions we should keep their distinction clearly in mind. If it is hysteria, treat it as such. If it is purely neurasthenia, treat it by rest and medicinally with a clear object in view. If it is hypochondria, demonstrate clearly to the patient the absence of his supposed disease, or if you cannot, protect your reputation by referring him to some one who can, and do not allow yourself to be deceived by the simulator. Suppose the patient has all four conditions, you should assure your patient first that you know his illness. Gain his confidence and respect by telling him which symptoms you know he is simulating for effect, show him the error of his hypochondriacal idea and base your rest treatment, your medicine and your psychotherapy on an exact knowledge of the condition present.

The best physician is the one whose reading is catholic and universal. The man or woman who merely reads medicine is narrow. The vessel of the mind is unlike any other; the more that is put in, the greater the capacity. No knowledge is entirely useless. The physician who is a good historian, who has read the best novels of his time, who enjoys a fine poem, who is pleased with the harmony and melody of sweet music, who is inspired by a noble piece of architecture, is a greater scientist because these have rounded out his character. The Bible, as literature, is a monument to genius, even eliminating from its pages everything miraculous save the fact of its creation. Who can judge of the drama more adequately than he who is the centre of great dramatic events almost daily in his professional career? But to fully appreciate these things, to add to their force as molders of character, they must be viewed from the standpoint of the man who has been refined by contact with master minds through good books. Serenity of thought and behavior comes then, and peace and tranquillity. But, it must be remembered, the best books are the surest means to attain this aim.—*Lancet-Clinic*

A PRELIMINARY REPORT UPON THE USE OF THE TUBERCLE RESIDUE OF V. C. VAUGHAN IN SURGICAL TUBERCULOSIS*

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The investigations of recent years have taught us much concerning the physiological purpose of the blood and its various constituents, and, of the latter, probably the greatest advance has been in regard to those particular cellular elements that we term white blood corpuscles. Fortunate it is for the general economy that we have, together with the oxygen-bearing red blood corpuscles in the circulating stream, these other cellular elements whose main role appears to be the removal of foreign and waste material, together with the protection of the body against pathogenic bacteria, so many of which are capable of doing harm to the tissue cells.

Some observers (notably Wright) have stated that the ability of the leucocytes to ingest bacteria is dependent upon the presence in the serum of certain substances termed opsonins. However, with our present knowledge we must assume that the leucocyte plays the most important part, and it is necessary that such cells float free in the circulatory system, where they can be carried to any portion of the anatomy that may require their aid.

It is only reasonable to suppose that a white blood cell, just as any other tissue cell, requires oxygen, in order that it may perform its function, and that when deprived of this element these cells die as well as any other tissue cells. However, we know that such cells have the power of wandering to some distance from the blood channel proper, and just when the death of a leucocyte occurs it would be difficult to state, although when they have collected in sufficient numbers to form what is termed "pus," the probability is that their function for good has ended, and that these cells themselves are a menace to health, because of the poisonous proteids liberated in their own decomposition.

If this hypothesis is correct, it stands to reason that any form of bacterial vaccine, or leucocytic sensitizer, as some term such substances, is of value only before the actual formation of pus, or in the tissue surrounding a pus cavity to which the blood supply is still intact. The leucocytes in the pus cavity are themselves inactive, and in such cases we should not expect any satisfactory result from any other method than incision and drainage. However, an extension of the disease process into surrounding tissues may be stopped, or much lessened by the aid of specific "leucocytic sensitizers." We have no right to expect a "cold abscess" to disappear under the administration of a tubercle vaccine of any sort, but we do expect that such a substance used along with evacuation of the dead white corpuscles will result in the majority of cases in a cure. Many physicians have decried and underrated the use of a bacterial vaccine, because it has failed to cause the disappearance of an abscess, but from every conceivable hypothesis as to the action of these substances, such a result should not be looked for.

The man who expects bacterial pro-

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ducts to accomplish a cure in all cases will have many disappointments, and must learn from experience that only selected cases will be benefited, or more correctly, that a vaccine will not accomplish everything, but must be used as an adjunct to other forms of treatment, and in the case of tuberculosis of glands, bones, joints, etc., always in combination with surgical measures. The dead tissue must be removed and the treatment then is to prevent a further extension of the infection. We have no right to expect dead tissue to be brought back to life by any means whatsoever; but we can and do expect that tissue which still has blood supply, can return to normal function when the disease process has been terminated, and such results are more speedily brought about with the aid of injections of bacterial products.

In our work with tubercle residue, we have kept this point in view, and our results, we think, will speak for themselves.

Briefly, the preparation of the non-toxic residue of the tubercle bacillus is as follows: A large amount of the germ substance is washed with water, dilute salt solution, alcohol and lastly ether. This process removes salts, fats, wax, several proteid bodies and traces of carbohydrates, thus leaving the cell as free from impurities due to the presence of culture media as it is possible to obtain. The cell substance is next heated in a flask with a reflux condenser, with from 15 to 25 times its weight of a 2% solution of sodium hydroxid in absolute alcohol, and by this means it is split into a toxic and a non-toxic group. The toxic portion is soluble in the alcohol; the non-toxic is insoluble and it is with this portion we have to deal.

For a full report as to the nature of these split products, and their immunizing effect, reference should be made to "The Shattuck Lecture," of 1906, delivered by V. C. Vaughan. In this lecture he deals principally with the colon bacillus, but the same general rules apply to the germ of tuberculosis as well. Suffice it to say, that no true immunity is obtained from the "crude soluble toxin," but rather a slight tolerance to the poison; while true immunity is obtained from the use of the non-toxic residue, which lasts over a variable time, the length of which may be governed by repeated injections. For this reason it is advisable to give small injections which can be repeated as necessary, so that no untoward effects may be observed, a portion of the subject that will be discussed at a later time.

For the sake of brevity in reporting the following cases, we will leave out all portions of histories, except those upon which a diagnosis of tuberculosis was made. The cases are arranged in relation to the site of the disease, and here I wish to thank Dr. Ballin for the privilege of using the residue upon his cases and reporting the same, and Dr. V. C. Vaughan for the residue used, as well as his cases.

Division A.—Tuberculous Peritonitis.

Case 1.—Miss E., aged 18, single. (Patient of Dr. V. C. Vaughan.) There was no family history of tuberculosis. In January, 1907, the patient first noticed that her abdomen was becoming large. This progressed rapidly until March of the same year, when Dr. Brainard, of Alma, Mich., operated. The abdomen soon refilled and in May Dr. Lynds, of Ann Arbor, again performed celiotomy. Both operations consisted in simply the removal of ascitic fluid. After the second operation the abdominal wound failed to heal, but filled with a mass of tubercular nodules. The patient became greatly emaciated, being reduced to 87 pounds. On July 1st, an injection of 1 C. C. of a 1% solution of tubercle residue was given. This was repeated once a week until the 14th of August. During this time the tubercular granulations disappeared. The wound healed with the exception of a minute point which continued to discharge an occasional drop of pus, until January, 1908, when

a small piece of glass was removed from this point. This was followed by prompt closure, since which time the patient has appeared perfectly well. She now weighs 110 pounds. As a precautionary matter an occasional injection has been given during the last three or four months.

Case 2.—Mr. E. A., aged 27, married. (Patient of Dr. Ballin's.) The patient had had a suspicious lung lesion, as reported two years before by Dr. Flintermann. When first seen, a walled-off collection of fluid below the transverse colon could be easily mapped out. The abdomen was greatly distended, and the prostate gland enlarged to four or five times its normal size. The patient had evening temperature and night sweats. On March 30th, 1908, the abdomen was opened. The peritoneum was greatly thickened and the large intestine from the cecum to rectum, together with the bladder and prostate, consisted of a hard, thickened mass of friable tissue. About two quarts of fluid were allowed to run out, and the abdomen closed with rubber drainage. The drainage was removed at the end of ten days, and the wound promptly closed except for a tubercular nodule in the scar. The abdomen quickly refilled. This patient was given six injections of the residue in 1 c. c. doses at intervals of from 5 to 10 days. The prostate gland became much smaller, the refilled abdomen diminished in circumference by one and one-half inches and the tubercular growth in the scar disappeared. However, the patient became greatly emaciated, and on May 20th died, apparently from edema of the lungs. No post-mortem was obtained.

Case 3.—Miss T. O., aged 10. (Patient of Dr. Ballin's.) This patient's father died of tuberculosis. On April 20th, 1908, Dr. Ballin was first called to see the case, a diagnosis of intussusception having been given. At operation, upon the same day, this was found to have reduced itself, but the appendix was diseased and removed. This proved to be tuberculous. A good recovery was made except that the abdominal wound refused to heal. One injection of ¾ c. c. of 1% solution of tubercle residue was given, which was followed by healing of the wound. At present the patient seems to be in perfect health.

Division B—Tuberculous Kidney.

Case 4.—Mr. B. B., aged 22, single. (Patient of Dr. Ballin's.) No tuberculosis in family. The patient wet the bed up to the age of 12 years. In the spring of 1906 he noticed a slight swelling of the left testicle. For the past 4 months the patient has noticed a burning sensation when passing urine, and this function must be performed two or three times an hour, and five to twelve times during the night. He has suffered from hemorrhage from the urethra four different times, and states that on one occasion, about one and one-half pints of clear blood was passed. He has lost about 12 pounds, and has pain and tenderness over the left kidney. The right testicle has a cherry-sized tumor in the tail of the epididymis.

The patient has never suffered from colic or passed gravel. The bladder examination showed it to contain about 2 oz. of urine, and this was pale,—sp. gr. 1020, contained albumen, pus cells, degenerated red blood cells, an occasional kidney epithelial cell and tubercle bacilli.

Six injections of tubercle residue have been given at intervals of from ten to fourteen days, —from Feb. 10th, 1908, to May 10th, 1908. The patient has gained in weight and the frequent desire to pass water has disappeared. There have been no more hemorrhages from the urethra, although urine examination shows the presence of blood cells and pus at times, but in much smaller quantity.

Case 5.—Mrs. L., married. (Patient of V. C. Vaughan's.) The important points in this history are frequent micturition since a child, hematuria, pain and tenderness over the right kidney. The patient has slight afternoon temperature, and also a suspicious area in the right lung. Hemoglobin was 60%. On Jan. 25th, 1908, she was sent to me for a cystoscopic examination. The bladder wall was normal in appearance, but a few very minute blood clots were noticed floating in the urine. Catheterized urine from the right kidney showed a few ureteral epithelial cells and also a few blood cells. No tubercle bacilli could be found. However, upon the clinical symptoms and findings given, a diagnosis of tuberculous kidney was made, and the result of the specific treatment tends to show that it was correct. The patient received an injection once a week, from Jan. 18th to May 2nd. She has gained a few pounds in weight, the frequent micturition has stopped, and the tenderness of the kidney disappeared. There has been no blood in the urine since the middle of March.

Case 6.—Miss T. L., age 19. (Case of Dr. Ballin's.) Several relatives have died from tuberculosis. For the past year this patient has suffered from burning and pain on urinating. She must pass water three to four times during the night, and several times during the day. Cystoscopic examination showed clear urine from the left kidney, and pus from the right. Examination of this for tubercle bacilli was positive. The patient was operated upon Jan. 21st, 1908, and right nephrectomy done. The ureter was left in situ. She has received four or five injections of residue since the operation and the bladder symptoms have almost ceased. However, she still complains of soreness in the right side at times, which is probably due to the blocking and filling of the remaining ureter, with relief when it discharges its contents. She has gained much in weight, and is still receiving injections.

Division C—Psoas Abscess.

Case 7.—Mr. R. (Patient of Dr. Ballin's) This patient was operated upon Dec. 22d, 1907, a diagnosis of psoas abscess having been made. The pus was evacuated and the cavity packed with iodoform gauze. This was removed six days after, and one injection of tubercle residue was given. The wound closed promptly and the patient has been apparently well since.

Division D—Glands of Neck.

Case 8.—Miss E. M., age 21. (Patient of Dr. Ballin's.) Grandfather died of tuberculosis. The patient had noticed the enlarged cervical glands upon the left side for one and a half years. For the past six weeks she has received X-Ray treatment. On Feb. 7th, 1907, six large cheesy glands were removed with difficulty, because of the dense fibrous adhesions present. The wound was closed except for a small strip of iodoform drainage. Double tonsillectomy was done. The wound healed nicely except for a small fistula which discharged an occasional drop of pus, and one enlarged gland appeared in April. At this time injections were commenced. The patient received five at intervals of from 10 to 14 days. After the second, the fistula closed, and after the fourth the gland could not be felt. She has gained about 10 pounds.

Case 9.—Mr. N. (Case of Dr. Ballin's.) This patient was operated upon March 23rd, 1908. The glands and fascia were removed from the left side of the neck. One week later he was given an injection of 1 c. c. of the residue. He has remained perfectly well to date.

Case 10.—Mr. C., age 27, married. (Case of Dr. Ballin's.) Father died from tuberculosis. The patient was operated upon May 12th, 1908 He had noticed enlargement of the left infraclavicular glands for six weeks. The dissection consisted in the removal of several caseated glands, and a strip of iodoform gauze drainage was used. One injection of residue was given on May 16th. The wound closed promptly and the patient is well to date.

Case 11.—Miss B. (Case of Dr. Ballin's.) The patient complained of the rapid enlargement of lymphatics of the right side of the neck and axilla. On May 22d, 1907, four large adherent caseated glands were removed from above the clavicle and also an adherent mass of broken down glands from the axilla. Two weeks later a small gland was noticed below the clavicle. The patient received three injections of the residue, which were followed by the disappearance of the large gland, and gain in weight.

Case 12.—Mr. H. G., age 17, single. (Case of Dr. Ballin's.) Cousin had been operated upon for tubercular glands of the neck. The patient had been operated upon for glands of the left side 2 years previous. These had reappeared six months later. On March 14th, 1907, the glands along the sterno-cleido mastoid were removed. On May 28th, it was found necessary to remove those along the sterno-hyoid muscle. The patient was then given injections of the residue with the result of prompt closure and cessation of the infective process.

Division E—Tuberculosis of Joints and Extremities.

Case 13.—Mrs. C. C., age 25. (Case of Dr. Ballin's.) This case was one of tuberculous necrosis of the head of the left tibia. She had been operated upon about 8 months previously, and a discharging sinus was present. Operation was performed on May 13th, 1907. The incision was carried from the sinus up along the outer side of the patella, the lower portion of which was removed because of necrosis. Many little pus pockets were opened around the synovial membrane, which was thickened and tubercular.

The joint was opened and found to contain pus. Iodoform gauze packing was used, and after treatment consisted of Bier's hyperaemia, splinting, and 8 injections of the residue. The wound closed and has remained so. There is neither swelling nor tenderness present and the patient has good use of the limb, which also possesses slight motion.

Case 14.—Mrs. M. N., age 23. (Patient of Dr. Ballin's). Two years ago, after a miscarriage, the patient complained of pain and swelling in the right elbow joint. Later this ruptured and a discharging fistula over the right radial condyle is present. Ankylosis is present, the elbow joint forming an obtuse angle. No motion except slight pronation. On March 14th, 1908, the elbow joint was opened and curretted. The wound was packed with iodoform gauze, and the arm splinted. She has received injections at intervals of from 10 to 14 days since. The pain has ceased and the swelling has much diminished. A slight fistula is still present but appears to be closing rapidly, and there seems to be a slight increase in motion.

Case 15.—Miss H. D., age 10. (Case of Dr. Ballin's). For two years this child had complained of pain in the right hip and knee, of such severity that she could not bear weight upon the limb. At the time of the examination the child had a temperature of 100. The right leg was flexed on the thigh and rotated slightly outward. The limb was one and one-half inches shorter than the left. A diagnosis of adductor abscess was made, and the same was opened and drained. This operation was performed on December 17, 1907, after which the limb was encased in plaster. On January 15, 1908, it was found that the abscess had reformed. This was punctured and a considerable quantity of seropurulent fluid evacuated. Two injections of residue were then given, since which time the leg has apparently caused no trouble.

Case 16.—Mr. Mc. (Referred to me by V. C. Vaughan, Jr.). This case was sent to me because of an ulcerating tumor on the sole of the right foot below the second toe. He had a suspicious lesion of the lung, but frequent sputum examinations failed to show the presence of tubercle bacilli. The mass on the foot was extremely tender, and there was an ulcerating surface about the size of a Canadian five-cent piece, which was surrounded by a hard indurated border. The patient had been receiving iodide for several days. On January 24, 1908, the tumor was excised and the wound sutured. The iodide was increased and the wound appeared to heal. Sections of the tumor showed a chronic inflammatory process with giant cells present. On March 18 the patient returned with a recurrence of the local foot lesion. The ulcerated surface was about the size of a lima bean, and surrounded by a widely infiltrated area. It was my opinion, as well as that of several other physicians who saw the case, that the toe would have to be amputated; however, I decided to try the residue, especially as I was anxious to ascertain if it would have any purely local effect. The soft ulcerated portion was curretted away, and a small piece of gauze which had been saturated with a one per cent solution of the residue was packed into the wound. Sections of the curretting showed giant cells as formerly. The day following this application the wound was somewhat reddened and more tender, but upon the second day the tenderness had disappeared in greater part, and the ulcerated surface was clean and presented healthy granulations. Applications were continued in this way at intervals of from four to ten days throughout April, with the result that the ulcer would heal and the infiltration was somewhat lessened. However, the surface would heal over, only to break out again in a few days, showing that the portion reached by the application improved, but the more deeply involved tissue was not affected. On May 7, ½ c. c. of the residue was injected deep into the ulcer and also lc. c. into the right side of the chest. The improvement after this was marked. The infiltration disappeared and the ulcer healed over, so that by the 11th, when a second injection was given, only a small pin-head area remained. This quickly disappeared and was followed by the formation of a scar, which is in every respect healthy. The patient has gained in weight, and the lung condition is much improved.

A resumé of the foregoing cases will show that undoubtedly the residue has a curative value. In just what manner this substance acts it is impossible to state at present, but it is supposed to form an enzyme in the circulating fluid, which reacts chemically with certain chemical groups in the tubercle cell,

thus splitting up and destroying the cell. In connection with this theory those changes which affect the leucocytes are of special interest. At present this portion of the work is not sufficiently advanced to warrant a report. However, we can definitely state that there is no preceptible change in the total number of these cells per c.c. There is produced a marked change in the differential count —the polymorphonuclear cells being increased 15-20% within 48 hours.

Case 16 lends weight to this theory, since it appears that the residue had to be taken up by the circulating stream before any marked results could be obtained. Cases 9 and 10 were given injections in advance of the appearance of any recurrence, and hence are of rather negative value, especially since the gland-bearing fascia was included in the dissection of the gland. But their prompt healing and the subsidence of slight local wound reaction after the injection lead us to think that it possessed some therapeutic value.

It will be noted that in some cases we have used Bier's hyperemia, together with incision, drainage and injection of the residue. We believe that we have scientific reasons for favoring all three of these procedures at one and the same time.

A few months ago in an article on "Felons,"* I made mention of the fact that a leucocytosis was produced below a Bier's constriction after 4 to 6 hours. This is an actual increase in the number of leucocytes, and does not affect the differential count. So by using hyperemia in conjunction with residue injection we bring an increased number of the specially sensitized leucocytes to that portion that is affected by the disease. The incision having been made to remove necrosed tissue, the combination of hyperemia and residue injection should and does hasten the cure, besides making it unnecessary to perform such radical and sometimes deforming operations as tuberculous disease has frequnetly required.

*Mich. State Journal, Feb., '08.

The venereal diseases are few in number but their complications are numerous owing in great part to the negligence of patients, on the one hand, and to inadequate treatment, on the other.

The prevalence of gonorrhea seems to have existed from the remotest antiquity. Descriptions are to be found in the oldest documents extant and it seems to have preserved its characteristics down the ages.

To insure better results in the treatment of patients adopt the plan of encouraging them and of taking an interest in their condition.

Never state that any disease is incurable. If you cannot cure it some one else may do so. See the one who knows more than you do. This often effects a cure.

Every man has a prostate and seminal vesicles, but they are not necessarily diseased. A very carefully conducted diagnosis is necessary to establish the diseased condition of the one or the other and the examination should be expert and capable.

A very good point to learn lies in the proper diagnosis of a dermatitis from an eczema. Their causes as well as treatment differ very widely.

SOME RECENT PROGRESS IN MEDICINE AND SURGERY.*

H. E. RANDALL.
Lapeer.

Last year before this society I took up Bier's treatment, opsonic therapy, some studies in tropical diseases, and Metchnikoff's studies on the prophylaxis and cure of syphilis, and Crile's study of the blood pressure and shock.

A review of the past year's work in medicine shows progress in several lines; to my mind the greatest progress has been made in the treatment of general peritonitis. Formerly the death rate was about 90 per cent, but with the Fowler-Murphy treatment, the results are so remarkable as to be unbelievable. Max Ballin, of Detroit, recently published a report of twenty-five cases with one death, treated by this method. Dr. J. B. Murphy's assistant told me they had had fifty-one cases with only two deaths, and that not due to peritonitis. A general peritonitis means a case in which the pus is free in the abdominal cavity, and there are no adhesions—no walling off—of the infectious material. Murphy says he would not like to see the cases after three or four days, but if seen within forty-eight hours he operates, closing the perforation, whether of the stomach or intestines, or doing what other work may be necessary. He does a short operation, and if he fails in ten minutes to find the opening, he puts in drainage. The after-treatment is known as the Fowler-Murphy treatment. The Fowler position is a half sitting position. At the Mercy Hospital the beds are so made that this position can be easily had. These are the essentials, to keep the infectious material as low in the pelvis as possible, and to relieve tension, which means that there will be less absorption.

The Murphy part of the treatment is enteroclysis. A pint and a half of normal saline solution by the drop method is introduced into the rectum every hour. Sixty drops a minute is over seven ounces an hour. This is continued until the patient is better. A fountain syringe is placed from six inches to three feet above the level of the rectum, and it is found that the rectum will absorb an enormous amount of solution, which dilutes the poison and helps the patient to get well. The nozzle, after being placed in the rectum, is not removed, and the syringe is refilled as necessary.

Thyroid, Parathyroid, and Thymus.

In the development of the child there are four branchial (not bronchial) clefts, analogous to the gills of fish, with four intervening bars called branchial arches. When these fail to coalesce in fetal life we have congenital cysts, called branchial cysts or fistulae. These may or may not open directly into the pharaynx from the outside skin. The thyroid gland first develops as a vesicle at the dorsum of the tongue. The thyroid sinks from the foramen cecum to its position later in life, sometimes as low as the top of the sternum, leaving a duct, the thyroglossal or thyrolingual duct, which becomes obliterated. If this duct fails to close properly it leaves a fistula. This occurs in the median line. When misplaced thyroid tissue remains at any place on its journey downward, we

*Read before the Lapeer County Medical Society, July 8, 1908.

have an accessory or aberrant thyroid. These bodies may be found above or below the hyoid bone, and within, anterior to, or behind the larynx or trachea. The parathyroids develop from the dorsal side of the third and fourth branchial pouches, along with the thymus, which develops from the third and fourth and partly from the second branchial clefts. Before Billroth and Kocher commenced operating for goiter, there were few operations on the thyroid glands. Weiss in 1880 recognized first the occurrence of tetany after the removal of the thyroid gland. In 1883 Kocher called attention to the disease due to the removal of the thyroid gland, myxedema. In consequence, it became a surgical rule never to remove all of the thyroid—some of it must be left. Up to 1891 it was unexplainable why the removal of the thyroid gland meant death to cats and dogs, and carnivora in general, while rabbits would live. In that year Gley called attention to the fact that in the rabbit there were two bodies entirely separated from the thyroid gland and found that if these were removed with the thyroid gland, the same effect was produced as in dogs, viz: tetany and death. Ten years before this, in 1880, Sandstroem had recognized the glands as parathyroid glands, had described their anatomy and position, that there were four of them, and also described accurately their histology, but little notice was paid to it. In 1896 Vassale and Genrali showed that tetany was due to the removal of the parathyroid gland. In 1903 it was accepted that removal of the parathyroid alone caused tetany, while removal of the thyroid alone caused operative myxedema. There may be less than four parathyroids, and there may be more. Their exact relation to the thyroid gland is of the utmost importance in operating for the removal of the thyroid gland. In tetany due to the removal of the parathyroid, there are spasms, pain and disturbances of sensation, and the signs of Chvostek, Trosseau and Erb. Trosseau's phenomenon is a tetanic spasm in a limb as the result of compression of its main vessels and nerve trunks. Chvostek's sign is a twitching brought out by gently stroking over the area of distribution of the fifth nerve. Erb's sign is due to electric hyperexcitability of the motor nerves, present in these cases, especially of the ulnar nerve. If you have read Meltzer's address on ideas and ideals, you will see still further studies on this subject. McCallum, of Baltimore, found that the tetany in dogs due to the removal of the parathyroid could be prevented for 24 hours by using intravenous injections of a calcium salt. Injections of potassium salts increase the tetany. The calcium salts acted as an inhibiting agent.

The thymus gland increases in size from birth until the second or third year, at which time it extends from the thyroid gland almost to the pericardium. The thymus gland is a bilateral body enclosing the trachea. Close to the capsule of the thymus runs the phrenic nerve, and adjacent are the left vagus and recurrent laryngeal. The gland covers from above downward the innominate artery and left innominate vein and pushes between the innominate artery and the right common carotid, and on the left side the common carotid lying on the trachea. Rehr cites twenty-eight autopsies in which pressure marks were found on the trachea and five operations of removal which gave relief. It is not always the size, but the shape of the thymus that causes trouble.

The chief symptom is a form of dyspnea which comes on suddenly, with entirely free intervals. These cases are hard to explain. The position of the head thrown back, which would cause more pressure, has been described by reporters of thymus death. These cases

are probably due to changes in the circulation causing an increase in the size of the gland. In cases of thymus disease, with each inspiration there is a sinking of the lower part of the neck. This, with dulness over upper mediastinum, with inspiratory stridor and eventually cyanosis, makes the clinical picture. The attacks resemble spasmodic croup. There have been reported lately several sudden deaths due to thymus disease. The pathology and physiology of the thymus are obscure, and only a beginning has been made as to its mechanical workings. Koenig reports a case of partial removal of the thymus which was followed by a severe rhachitis. For treatment an incision is made, the capsule of the thymus is recognized and seized with forceps and drawn upwards, the capsule is divided and part of the gland removed. It is not practical nor possible to remove the whole gland. Part of the gland is enucleated, the capsule is sewed outside, and drainage used.

We know that two alterations take place in the function of the thyroid gland. One is hyper-thyroidization, or over-production of thyroid secretion, and the second is hypo-thyroidization, or diminution of thyroid secretion. We know that the removal of the thyroid gland by operation causes operative myxedema which can be cured, but the treatment must be continued by giving thyroid extract the rest of the patient's life. Loss of thyroid function interferes with growth and development, causes myxedema or swelling of the skin and subcutaneous tissues, depression of the circulation, a slow pulse with low tension, hemorrhages, especially of pregnancy, and symptoms of the nervous system, such as lassitude, apathy, mental dulness, etc.

Exopthalmic goiter, Basedow's or Graves' disease ,is due to an over-activity of the thyroid gland. It is a condition of hyperthyroidization; a better name is thyrotoxicosis. The symptoms are enlarged thyroid glands, rapid pulse of high tension, a fall of pressure being an unfavorable sign. The eyes protrude or are prominent. With this are Graefe's sign, lagging of the lids when looking downward, or Kocher's sign when looking upward. The eyes are staring. With these symptoms are perspiration, attacks of indigestion, watery stools, weakness, and fatigue. The menstrual flow diminishes or ceases. There are tremors of hands, feet, tongue, and eyelids. Operation is indicated in all cases that do not present degeneration of heart muscle, or low blood-pressure. As statistics have been variously given, I will quote Kocher's and Mayo's statistics. Kocher had 200 cases with a mortality of 4.5 per cent and 85 per cent of recoveries. Mayo's 200 cases had a mortality of 5 per cent, 70 per cent cured and 20 per cent improved. In a medical way only Beebe's and Rogers' treatment with a cytotoxic serum has given good results, but an objection to its use is its severe reaction. We have used P. D. & Co. thyroidectin in several cases and have had some satisfactory results. We had one case die while under this treatment. I do not think that all operators can get the same result that Kocher has, because he is the world's greatest expert in this line of work, but it shows what can be done.

Dr. Geo. W. Crile has recently made some valuable suggestions as to the method of operating on these cases. He found that in dogs affected with Graves' disease any excitement such as fear or anger would cause symptoms of severe hyperthyroidization. This led him to the following procedure for several days preceding the operation: He had his assistant put an ether mask over the patient, allowing him to inhale volatile oils, and when he found that the patient was in proper condition, but without the patient knowing it, he was carefully put

under anesthesia. The night before the patient would be given something to quiet him and an hour before operation he was given a hypodermic of morphine.

Accessory thyroids or aberrant goiters are very rare, but the diagnostic point is a nodular tumor in the median line of the neck.

Beck's treatment of fistulous tracts and tuberculous abscesses was accidentally discovered while preparing fistulous tracts for X-ray pictures. It was found that fistulae injected with the following formulae would often heal. Two formulae are used, and the method is applicable to all fistulae and abscesses of tubercular origin, except intra-cranial sinuses or biliary fistulae. The first formula is for early treatment:

℞ Bismuth subnit. .....30 grams
Vaseline .....60 grams
Mix while boiling.

The second formula is for late treatment:

℞ Bismuth subnit. .....30 grams
White wax ..... 5 grams
Soft paraffin ..... 5 grams
Vaseline .....60 grams
Mix while boiling.

To use the paste, melt on a water-bath until liquid. This is drawn into a syringe and by watching carefully the temperature, it is forced into the fistula.

Since typhoid fever, as soon as it produces constitutional symptoms, has bacilli circulating in the blood, Peabody has lately brought out the following method, by which he was able to diagnose typhoid fever before he could get a Widal reaction. A very early diagnosis can thus be made. A test tube containing 5 c.c. of fresh sterilized ox-gall is mixed with from one to two c.c. of blood taken from patient's ear. This tube containing bile and blood is then put into an incubator for 15 hours. At this time organisms may be found, but if not, several loopsful are transferred to a tube of coagulated blood serum, which in from 3 to 5 hours in the incubator will show the presence of motile bacilli. This would seem to be a contradiction to the old teaching that bile is antiseptic.

Advice to Students.

DR. GEORGE DOCK, who is now Professor of the Theory and Practice of Medicine and of Clinical Medicine, the Medical Department of Tulane, delivered his initial lecture on October 5 at Tulane. Among other things he said: "In the treatment of patients the student should always remember to be as humane as possible and to treat those brought under their observation as they would treat their own brothers or fathers. This manner should be carried out even as to the language to be used in the hospital in the presence of the afflicted. Not to refer to them as interesting cases, but rather to speak of an interesting case as an important case, or in some such term as would not give the patient the idea that he was only a subject for experiment. I warn you to avoid slang in referring to cases. It is important to understand these details, as hospital work is becoming more and more important every day. It used to be thought that the helpless sick had no rights at all in connection with medical practice, but this is not so now.

"The sick man does not object to being investigated. He appreciates everything that is being done and where many people are working together toward the same end the sick man has a better chance to recover. Where the bright and energetic undergraduates are assisting the physicians, where many people are interested in the same thing, and where the results are known, it is easier to check up the work of others. Sick people get along better in hospitals where student classes exist than in institutions where the undergraduates are not allowed to attend the patients at all.

"Much knowledge can be gained by reading and a familiarity with the various medical journals. Those students who are acquainted with any foreign tongue, or any of the dead languages should continue to study them, as it would be of great assistance in acquiring a universal medical knowledge. Physical culture is also to be commended."—*Lancet-Clinic*.

CASE REPORTS. 1.. PUERPERAL SEPTICEMIA. 2. SEPTIC GALL BLADDER. 3, 4, 5. ECTOPIC GESTATION. 6..SYPHILIS*

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The report of well-studied cases, presenting a clinical picture not infrequently met, is often of value since all of our medical knowledge is based on deductions from the observation and experience of many men—hence the reports of rare or unusual cases not well described in the text-books, may add to our clinical knowledge, and perhaps aid us in the recognition of diseases presenting abnormal or masked symptoms. I have selected six cases of not uncommon conditions, each presenting some feature of interest somewhat out of the ordinary.

Case 1. Puerperal Septicemia.

Mrs. D. was seen August 6th, 1906, with Dr. J. H. Sanderson, who had delivered her ten days before. Evidence of infection began twenty-four hours after labor, with chill and abnormal lochia. Her physician had curetted and frequently irrigated the uterus without any improvement in the general condition—the pulse running to 140 and the temperature as high as 105° F., with tympanites and frequent vomiting. Bimanual examination disclosed a large, boggy, but freely movable uterus, with no evidence of infection outside the uterus itself. A consultant who had seen her earlier on the same day pronounced the case hopeless, and was promptly discharged. I gave a guarded prognosis, advised rectal irrigation and feeding, the continuance of antiseptic intra-uterine irrigation and the liberal use of antistreptococcic serum. Forty c.c. were given that evening; the patient had a normal temperature the following morning, and with one slight setback made a rapid, ideal convalescence. In the seemingly moribund condition of the patient no cultures were taken to determine the infecting micro-organisms, but the prompt effect from antistreptococcic serum is notable in view of the conflicting evidence as to its value in puerperal infections.

Case 2. Septic Gall Bladder.

I saw Mrs. R., of Romulus, with her physician, Dr. F. D. Whitacre, shortly after noon on April 11th, 1906. Six weeks before she had miscarried without any septic symptoms, rapidly recovering her usual robust health. At noon on April 9th was taken suddenly ill with pain in the right shoulder and chest, and vomiting, which continued until the evening of the 10th inst., when her temperature was 100° F., rising to 100.5° the following morning, to 101.½° at 1 p. m., when I saw her, and to 102½° with pulse of 124 at 3 p. m. Physical examination was negative except for a distinctly felt sensitive lump in the right upper quadrant of the abdomen with surrounding tympanitic area. Absolutely no history of previous abdominal pain, or symptoms referable to the stomach, gall bladder or appendix, could be elicited. The marked rise in temperature and pulse enabled me to secure consent for immediate operation. An incision over the lump disclosed a much distended gall-bladder, which was drawn into the wound, sutured to the peritoneum, incised, and emptied of its contents, consisting of bile, pus, and about 50 gall stones of various sizes. The wound was closed with rubber drain in the gall-bladder, and the recovery was uninterrupted, except by a mild pneumonia of the lower right lung. We are prone to think that gall-stones manifest their presence by causing indigestion, colic and jaundice, yet gall-stones are frequently present for years, as doubtless in this case, producing no symptoms until the gall-bladder itself becomes inflamed or infected.

*Read at the forty-third meeting of the Michigan State Medical Society, in Manistee, June 24 and 25, 1908.

Cases 3, 4, 5. Ectopic Gestation.

Mrs. R., of Detroit, aged 36, was seen at her home on the morning of May 8th, 1906, her husband having first called at my office and given me the following positive diagnostic history. She has one child aged ten, with no subsequent pregnancies. Her last period was February 25th, and early in April she visited a physician to learn if she was pregnant, who after examination told her the menopause had begun. Shortly after she was taken suddenly with sharp abdominal pain, much faintness, and some flowing. The same physician was called, diagnosed neuralgia of the stomach, gave a hypodermic injection of morphine, and left her. He later saw her in several equally characteristic attacks, but failed to even suspect the real pathological lesion. Another physician was then called, who without analysis of the urine diagnosed acute nephritis. I found her almost exsanguinated, with no color in lips or finger tips, with temperature of 100° F., and pulse of 150. She was vomiting, with abdomen quite generally tympanitic, while the uterus was large and soft, with a fixed mass to the right of it. Her condition was such that I feared to operate lest she die on the table, and as there seemed to be no fresh bleeding going on, deferred operation. She was removed to Harper Hospital, and heroically stimulated for three days, being watched carefully for evidence of fresh bleeding. During the night of the 10th the temperature dropped 1°, and the pulse jumped 20 beats per minute, which I regarded as indicative of hemorrhage, and operated on the morning of the 11th. The abdomen was literally full of blood clots, with a small amount of fresh blood, the tube was completely ruptured, with fetus and secundines free in the cavity. The tube was rapidly tied off and removed, the large clots lifted out, the cavity filed with saline solution and the wound closed with through and through sutures, the patient being in the operating room only 20 minutes. For some days her condition was precarious, after which convalescence was normal, and she left the hospital three weeks after operation, returning one week later because of a large swelling in the abdominal wall, which opened and discharged large quantities of bloody serum for two or three weeks. Although I was never able to find any sinus leading into the peritoneal cavity, I believed that the large amount of discharge came from the cavity, the peritoneum having failed to fully absorb the clots left behind. The lesson from this case is a diagnostic one. The family physician first sees these cases, and should diagnose them at the first rupture, if not before, and thus prevent the serious consequences of long continued hemorrhage and low grade sepsis.

There are occasional cases of tubo-uterine pregnancy where diagnosis is impossible without opening the abdomen. My next case is of that type.

Case 4.

On May 27th, 1906, I saw Mrs. R., of Romulus, at her home. She was 31 years old, with one child aged 8, and a history of several miscarriages. Her last period was January 25th, with slight flow at the regular time for each succeeding period. After the April period she continued flowing with slight show every day, and considerable pain in the right side, never very sharp. I examined her twice under chloroform. The uterus was about as large as a child's head, with a small movable mass on the right side, seemingly distinct from the uterus. A provisional diagnosis of tubal pregnancy was made, although the fact that the history denoted a four months' pregnancy without symptoms indicative of tubal rupture made me certain of finding something atypical. A full explanation of the doubtful point in the case was given, exploratory incision advised and accepted, and on May 29th I opened the abdomen, to find the enlargement all uterine, the right cornu at the tubo-uterine junction being much hypertrophied without enlargement of the tube. From inspection it was evident that abortion of the growing fetus would soon take place into the uterus, being the direction of least resistance, and without further interference the abdomen was closed, abortion taking place within the ensuing week. This case probably began as a tubal pregnancy with placental implantation so near the uterus that development resulted in localized hypertrophy of the uterine tissue.

A case of abnormal retention of the placenta (Case 5) is, I believe, of the same type.

Case 5.

Mrs. A., aged 30, married ten years, with a history of one miscarriage soon after marriage, consulted me about December 1, 1905.

She had missed one period, and two or three weeks later had a slight flow. Gradually the usual symptoms of pregnancy developed but with the continued abnormality of a slight flowing every few days, betokening either an irregularly placed or attached placenta or an extrauterine pregnancy. Indeed, several weeks elapsed before the developing uterus and the absence of tubal enlargement enabled me positively to exclude a pregnant tube.

As the patient was very anxious to bear a child, she willingly spent most of the time in bed until the latter part of February, 1906, the flow recurring every few days, especially after any slight exertion. She then began to flow hard, and upon examination I found a dead macerated fetus protruding from the os. The danger of sepsis from the dead fetus seemed to indicate emptying the uterus of its contents, and I returned an hour later with instruments and an assistant, Dr. W. E. Keane, found the fetus in the vagina firmly attached by the umbilical cord, but failed utterly to reach or find the secundines. The patient was anesthetized and the uterus carefully explored with curette and placental forceps, but a long vagina and a deep uterus apparently prevented my reaching the uterine cornua. Fearing to use much force in an uterus which had harbored a dead fetus for an unknown time, I irrigated carefully and left the expulsion of the placenta to the "Vis Medicatrix Naturae." The patient was carefully watched for evidences of sepsis, and for nine weeks thereafter. The flow soon stopped, there was no temperature or discharge, and but for the fact that the uterus remained large and the os soft and patulous, I would have doubted what I knew must be true, the retention of the placenta. The patient and friends were frankly skeptical of my diagnosis, but as there was absolutely no reason for interference I insisted upon waiting.

At the end of *nine* weeks the patient began suddenly to flow hard and in a few hours passed the placenta, which was compressed into the shape of the uterus, running to a point at one end, which appeared to have been attached partly in the tube.

I believe that the symptoms so closely simulating tubal pregnancy in the early weeks were due to a placenta attached at the tubo-uterine junction, which belief explains why I failed to reach it with curette and forceps.

Case 6. The Transmission of Syphilis.

On January 11th, Mr. A. called at my office because of pain on urination, first noticed that day, and examination disclosed a developing urethral chancre just behind the meatus, which diagnosis was confirmed by subsequent appearance of the usual secondary symptoms. A few days before I saw him he had connection with his wife, who was then five months pregnant. On March 12th I first saw the wife, the day after the appearance of a characteristic secondary rash, and immediately put her under vigorous inunction treatment. Exactly eight weeks later the child was born. What could I expect regarding the child? Would the mother abort, or give birth to a full term dead or dying child; would the child entirely escape, or be born healthy, later to develop evidences of an inherited constitutional dyscrasia? The husband communicated the disease by one intercourse, before he had enough of an initial lesion to attract his attention, showing what other observations prove to be true without question, the early infectiousness of the initial lesion. How long a period, then, after infection of the mother before the dyscrasia would affect the child through the placental circulation, and what effect would active mercurialization of the mother after her secondary symptoms developed, have in protecting the child? These queries are unanswered in any text-book with any degree of definiteness. Until we know exactly what the specific poison of syphilis is, we must remain in ignorance of when it begins and when it ceases to act.

This baby was normally nourished and apparently healthy at birth, but when ten days old developed a small deep ulcer in the roof of the mouth, and a week later a mild iritis, the development of further symptoms being inhibited by treatment, to which the infant responds as well as the adult. Last year I saw a man who one week after a suspicious intercourse tore the frenum in connection with his wife, which had occurred not infrequently before. A guilty conscience sent him to me, but the case presented nothing but a simple laceration of the skin. One week later, however, the simple laceration had become a typical chancre. Inasmuch as it has been my custom never to diagnose syphilis from the appearance of the initial lesion, I kept this man under close observation, without treatment, for four and one-half months, when he brought his wife in wth an unmistakable late secondary group of symptoms. This man went four and one-half months after the development of a typical chancre without any secondary symptoms whatever, yet infected his wife before the appearance of the initial lesion.

Should any of you complain that syphilis is not "Gynecology or Obstetrics," I reply that sooner or later it may be, and besides it is too late to object, for I am through.

The Journal of the Michigan State Medical Society

All communications relative to exchanges, books for review, manuscripts, advertising and subscriptions should be addressed to B. R. Schenck, M. D., Editor, 502 Washington Arcade, Detroit, Mich.

The Society does not hold itself responsible for opinions expressed in original papers, discussions or communications.

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NOVEMBER

Editorial

Medical Defense. The provision of defense against civil suits is being provided by a number of the state medical societies, and is unquestionably meeting with great success. In every instance the number of suits has decreased since the societies have taken over the defense of their members, showing that its establishment has been a potent prophylactic against these unjust persecutions. The time has come for our own state society to study the problem and provide, if it seem feasible, some practical plan for the defense of our members.

The subject was discussed by the house of delegates at Manistee, and a committee of five to study it was authorized. President Lawbaugh has appointed Dr. F. B. Tibbals of Detroit, Dr. A. M. Hume of Owosso, Dr. A. H. Rockwell of Kalamazoo, Dr. W. J. Dubois of Grand Rapids, and Dr. A. W. Hornbogen of Marquette. The chairman, Dr. Tibbals, has studied the subject thoroughly and to his efforts Wayne county owes her successful plan. Originally in Wayne, a defense league with members who were in good standing in the county society was established. Later every member of the society became a member of the league, one and one-half dollars of his dues going yearly into the defense fund. This feature of the work of the Wayne County Society has been successful beyond the fondest hopes of the organizers and the fund now contains over fourteen hundred dollars.

It is now proposed to expand, so that every member of the state society will, in case of need, be defended, provided the membership throughout the state desires it and so votes. The committee, be it understood, is appointed only to study the question, to propose some plan and to ascertain the sentiment throughout the state regarding it.

The plan proposed is this: The first year a special assessment of $3.00 is to be paid. This will put all members on the same footing as the members of Wayne. After the first year dues are to be increased one dollar, this one dollar (collected with the county and state dues as at present) to be sent by the county secretary with the state dues and set aside in the special defense fund. Every member in good standing will then be defended in any suit which may be brought against him, either by his local attorney or by the firm of attorneys retained by the society. The control of the fund will be in the hands of a committee, either elected by the house of delegates or appointed by the president, some provision for oversight by the council of the state society being provided. These details remain to be worked out.

It will be necessary for our by-laws to be amended before any work of this kind can be instituted. This can only be done by the house of delegates. The committee, however, desires as much data as possible before the meeting of the council in January, and wishes the matter to be brought up before every county society as soon as possible. If a majority of the membership favor the general plan, the details will be worked out and placed before the council. The councilors will then have enough information to act intelligently in their rec-

ommendation. If it is decided to recommend some plan, the council will submit all the details to the county societies, the members of which will have a full opportunity of discussing it and instructing their delegates.

This is the most important matter which has come up in some years. It affects every member. Every member should know about it and form his own opinion. It means a raise in dues of $1 per year ($3 the first year), but it also means the cheapest possible insurance against a misfortune which is liable to strike any one of us tomorrow. It is real *insurance,* for experience has shown that it is prophylactic. If it fails as a prophylactic, it is a most potent remedy.

It is therefore proposed that at the next meeting of each county society, the general plan of medical defense (with a $3 assessment in 1910, and a $1 increase in dues thereafter) be discussed and voted upon. Your county officers have been sent a communication on the subject.

This vote is not final. A final action can be taken only by the House of Delegates.

Any one desiring further information on the experience with medical defense in other states, in city medical societies, or in Wayne county, may obtain it by addressing the chairman of the committee at 99 Fort street west, Detroit.

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The Detroit Times is to be congratulated on the stand which its owners have taken on the medical advertising question. On the occasion of the celebration of the eighth anniversary of its nativity the editor, under the caption "Would You Continue a Policy That Was Costing You Good Money?" graphically shows some of the offensive advertisements which are appearing in the *News, Journal,* and *Free Press.* For the past two years the *Times* has refused, to this class of advertisers, space which amounts to several thousands of dollars annually. This sacrifice to principle, when made by a comparatively young paper, and one which has come into a field in which competition has been keen, is to be especially admired and commended.

In our May issue we called attention to the number of objectionable advertisements published by the Detroit papers and stated that from a comparison made at the time, the *Free Press* was the cleanest of our sheets. It probably is cleaner than the *News* or *Journal,* but an injustice was done the *Times,* for it is not only the cleanest in Detroit, but is also the only paper which one can take into his home without the danger of exposing the members of his family to a lot of half-veiled obsenity. Fortunately the unsophisticated do not know the meaning of these advertisements—for example that "Brou,"—a prompt relief for the most obstinate case" means an injection for gonorrhea, or that the ever recurring phrase "contagious blood poison," means syphilis, or that "Chichester's pills for irregularities" mean (or intend to mean) abortifacients. Perhaps, however, it is *unfortunate* that these things are not better understood, for were they, possibly some of our prominent business men would prefer not to have their names printed next to such abominations.

And the *Times* asks, "Does it pay?" going on to show that it does not, financially. It has not gained in legitimate advertising what it has lost by having a principle and sticking to it. Neither has it gained in circulation. "It has inspired some good words by discerning readers whose high opinion is worth seeking; and there have been praiseful and hopeful expressions in the trade press and in letters from our magazine friends and certain large advertisers. No doubt it has appealed to many subscribers and advertisers who have not put their appreciation into words." This is a strik-

ing commentary on the fact that the public has not been aroused on this question and will not be aroused until there are more papers like the *Times* which will be willing to forego sordid gains and tell what these "ads" really mean. Patent medicines of the Peruna type have been pretty fully exposed, but as yet little general attention has been given to the rottenness underlying those of the type of the Chichester pills and the whirling spray.

But the editor of the *Times* is optimistic. He has experienced a "satisfied conscience" and "an increased joy in the business." He believes that it is yet too early to tell whether or not his policy will pay; that clean newspaper-making will come into its own in good time; that tainted advertising and everything that casts suspicion upon the sincerity of the newspaper's claim that it is a public educator and a force for righteousness must go. This admirable policy of the *Times,* despite the financial loss, is to be continued and should receive more support from a community such as Detroit, nine-tenths of whose citizens would applaud Editor Schermerhorn if they understood the full meaning of his fight.

Book Notices

The Pancreas: Its Surgery and Pathology. By A. W. Mayo Robson, D. Sc. (Leeds), F. R. C. S. (Eng.) of London, and P. J. Cammidge, M. D. (Eng.) D. P. H. (Camb.), of London. Octavo volume of 546 pages, fully illustrated. Philadelphia and London. W. B. Saunders Company, 1907. Cloth, $5.00 net.

This volume is one of the most important contributions to medical literature of the year. Diseases of the pancreas have been more obscure than those of any other abdominal organ and have been the latest to be elucidated, probably because of the fact that the pathology of the pancreas must be studied ante mortem. Post mortem findings are unreliable, for immediately after death putrefactive changes take place from autodigestion, thus obscuring the true picture. It remained therefore for the surgeon to work out many of the problems of pancreatic pathology. Robson has been a pioneer in the field.

The symptomatology and pathology of the gland are very closely allied to its physiology and anatomy, and the latter are so much more easily understood by reference to comparative anatomy, that the authors have first taken up "Comparative Anatomy," "Anatomy," "Embryology," "Anatomical Anomalies," "Surgical Anatomy," and "Histology," each being treated in a separate chapter. A full discussion of the function of the islands of Langerhans is given, the authors apparently supporting the theory that they are concerned in carbo-hydrate metabolism.

The chapters on "Fat-Necrosis," "Diabetes," and "Chemical Pathology" contain many important points, that on diabetes being especially valuable as a concise review of the much discussed question of the pancreatic origin of the disease.

The last eight chapters take up the questions of symptomatology and treatment of the injuries and diseases of the gland. It is to be said that the general profession has rather meagre knowledge concerning these most important affections and that nowhere can the necessary knowledge be better obtained than in this book. The authors have collected the best of the vast literature on the subject and, after classification, have extended it by additions from their own large experience. Many case reports are included. The well known Cammidge Reaction is given first hand, but the authors state that experience in its use is necessary.

The book is well illustrated. A most valuable feature is a bibliography at the end of each chapter, making the volume an encyclopedia of information on all subjects concerning the pancreas.

This is one of the books which every physician who wishes to progress should buy and study.

Medical Greek. A Collection of Papers on Medical Onomatology and a Grammatical Guide to learn Modern Greek. By Achilles Rose, M. D., 16mo.; 262 pages; cloth, price $1.00. Peri Hallados Publication Office, 87 Frankfort St., New York, 1908.

The author of this book has a mission, and that is to improve medical terminology, which he shows is becoming each year more erroneous. He believes that we are entitled to expect physicians to use correct language (especially those who write), and as the first essential for a proper vocabulary is the use of correctly formed technical

terms, he urges the study of Greek, "more beautiful and noble than any other language."

The book comprises a series of papers some of which have been previously published. In one of them, the need of a universal scientific language is discussed and Greek advocated because no rivalry need be considered; it is a living language, spoken by 7,000,000 people with few changes since classical times; it is rich and musical; it is precise; it has already given birth to thousands of words in all languages and can express clearly every modern idea; it lends itself readily to combinations; because it is immortal. The author's arguments appear to us to be sound.

Another paper on "Medical Slang" is very interesting. The absurdity of such words as "atonia," "psychosis," "cophorectomy," "nephrokapsectomy," etc., is shown. An originator of an operation coins a word from the Greek without consulting a Greek or even a lexicon; the words soon get into our literature and the result has been that out "medical onomatology is to a great extent a corrupt, illiterate, ridiculous and absurd jargon."

Rose advocates the establishment of a classic Greek nomenclature. This might be done by a committee from the Medical Society of Athens working with philologists. The incorrect terms already in use might be corrected and care taken in the formation of new words. Dr. Rose has already published a list of incorrect medical terms together with the corrected forms. He believes that reformation is possible. Desirable as it is, we believe it impossible, simply because few medical writers are sufficiently interested.

The book is an interesting one, and the author's mission a worthy, although we fear impractical, one.

The Baby. Its Care and Development. For the Use of Mothers. By LeGrand Kerr, M. D., Professor of Diseases of Children in the Brooklyn Post-Graduate Medical School. Cloth, $1.00. A. T. Huntington, Publisher, Brooklyn, 1908.

Many books of this kind have been published, but most of them have certain objections which prevent the physician from placing them in the hands of the expectant mother. This one has but few of the objections; practically but one, and that is the list of alarming symptoms found on page 10. This is our one criticism. Otherwise the pages are replete with useful points well set forth. The idea of classifying these points by months is a good one, and the teaching is sound.

It may be safely recommended to any intelligent mother.

County Society News

Third District.

The Third Councilor District of the Michigan State Medical Society met in Battle Creek, at the Sanitarium, on Oct. 6th, where the following program was given:

9 a. m.—Clinic by Dr. Wilfrid Haughey, Dr. W. H. Riley, Dr. A. S. Kimball, Dr. W. H. Haughey, Dr. W. F. Martin, and Dr. C. E. Stewart, the later presenting a man recovering from "sleeping sickness" of South Africa. This man also has an infection of filaria sanguinis hominis. Both the filaria and the trypanosome were shown under the microscope.

2 p. m.—General meeting:

Call to order by the councilor.

Introduction of chairman, Dr. Samuel Schultz, Coldwater.

Address—Proteid Poisons, Dr. Victor C. Vaughan, Ann Arbor.

Question—Shall We Organize a District Society?

Dr. Vaughan's address, needless to say, was a masterpiece, dealing as it did with his recent work on the splitting up of the proteid molecule into its poisonous and non-poisonous parts. By his work on these subjects Dr. Vaughan is enabled to explain many points that have been bothering the medical profession for years, chief among which is the cause of sudden death following the injection of diphtheria antitoxin. Many of these sudden deaths have been reported during the past year, and we are now not only given an explanation of this phenomenon, but are shown how to avoid it. Briefly the explanation is as follows: The sudden death is caused from the fact that the patient has been "sensitized" before to the horse serum. This sensitization may have been a prophylactic dose given some months or years before. This dose has rendered the patient extremely susceptible, and the curative dose, when given, produces the poison and death, by

the proteids of the horse serum being split up into their poisonous and non-poisonous parts. This result can be avoided by giving only a very small amount of the serum at the first dose, when there is a history of a previous use of horse serum. If there is no reaction, or only a slight one, then after a few hours the full curative dose may be given with impunity.

Under the question about organizing a District society, those in attendance at this meeting voted unanimously to do so. A committee was appointed to perfect the organization, who brought in the following report:

1. This society shall be known as the Third Councilor District Medical Society, of the State of Michigan.

2. All members of the component county medical societies shall be members of this society.

3. The president and secretary of the component county societies in the order, Eaton, St. Joseph, Calhoun, Branch, shall be the presiding officers in different years, the president and secretary of Eaton County Medical Society presiding in 1909.

4. There shall be one meeting each year.

5. The councilor, president and secretary for the year shall determine time and place of meeting, provide program, and make all necessary arrangements, appoint committees, etc.

6. It shall be the duty of the president and secretary of each county medical society to secure at least one paper from their county for each meeting of the district society.

7. The expenses of the district society shall be provided by each county medical society proportionately to its membership.

P. H. QUICK, Eaton.
DR. WETMORE, Branch.
L. L. CAHILL, St. Joseph.
A. J. ABBOTT, Calhoun.
C. E. STEWART, At Large.

This report was accepted and adopted unanimously.

At 3:30 p. m. the meeting divided into two sections, at which the following program was given:

Section A—Samuel Schultz, chairman; Geo. C. Hafford, secretary.

Paper—A Plea for Better Therapy, C. S. Sackett, Charlotte.

Paper—Some Observations on the Etiology and Treatment of Nasal Catarrh, J. F. Byington, Battle Creek.

Paper—The Frontal Sinus, A. J. Abbott, Albion.

Section B—P. H. Quick, chairman; Wilfrid Haughey, secretary.

Paper—Nostrums and Proprietary Preparations, W. T. Dodge, Big Rapids.

Paper—Lymphatic Leukemia, With Report of Three Cases, Wilfrid Haughey, Battle Creek.

Paper—Modern Treatment of Suppurative Peritonitis, Frank C. Kinsey, Three Rivers.

These papers all received a hearty discussion, especially the papers of Dr. Dodge, on Nostrums, and the one by Dr. Kinsey on Suppurative Peritonitis.

In the evening the society was treated to a complimentary banquet by the Sanitarium management. Dr. B. H. McMullen, of Cadillac, acted as toastmaster. Toasts were responded to by Drs. A. W. Alvord, Battle Creek; A. P. Biddle, Detroit; W. H. Haughey, Battle Creek; A. E. Bulson, Jackson; Eugene Miller, Battle Creek, and W. J. Kernachan, Florence, Alabama.

WILFRID HAUGHEY,
Chairman Committee.

Antrim.

The Antrim County Medical Society met at Central Lake, Oct. 7, at 8 p. m., with a large attendance of members from Elk Rapids, Bellaire, Mancelona, Alba, and Central Lake.

Hon. C. D. Bailey, of Mancelona, favored the society with a very interesting address on Medical Jurisprudence. The judge has kindly consented to attend the January meeting in Mancelona, when he will deliver another address which will interest the medical profession.

Dr. H. A. Stewart, of Alba, gave an instructive paper on The Treatment of Exophthalmic Goitre, in which he gave a record of a number of cases treated with ergotin and quinine with good results. This paper brought forth a good discussion.

At the close of the meeting a banquet, very much enjoyed by all, was served at the "Tavern," by Host Fred Fisk. Judge Bailey, in his usual pleasing manner, acted as toastmaster.

The society is doing good work in the county

and every physician, with the exception of two, is a member. L. L. WILLOUGHBY,
Secretary.

Clinton.

The annual meeting of the Clinton County Medical Society was held in St. Johns, Oct. 1, 1908.

The meeting was called to order with ten members present. Election of officers resulted in re-election of all the old officers—J. E. Taylor, president; W. H. Gale, vice-president; W. A. Scott, secretary and treasurer.

A resolution was passed by unanimous vote that members of the society make no life insurance examinations for old line companies for a fee less than five dollars.

The following resolutions relating to the death of Dr. S. E. Gillam were adopted and ordered to be spread upon the minutes of this meeting:

Whereas, The great Ruler of the Universe removed from our midst our esteemed brother practitioner, Dr. S. E. Gillam, and,

Whereas, Dr. Gillam was one of the most active members of the present Clinton County Medical Society and its first president, during which time he contributed many valuable papers (pertaining to both medicine and surgery) of great interest to his beloved profession, and,

Whereas, He was a man of marked judgment and great ability which, together with his large experience, made his opinion of special value in his profession, and,

Whereas, His arduous professional life drew largely upon his physical endurance until he died suddenly at the zenith of his usefulness.

Therefore, be it Resolved, That the removal of such a man from our council leaves a vacancy and a shadow that will be deeply realized by all the members of the society.

Resolved, That with deepest sorrow for the bereaved wife, relatives and friends, we extend our heartfelt sympathy in this their affliction, and that a copy of these resolutions be forwarded to the family, the public press, and the medical press, and, be it further

Resolved, That these resolutions be spread on the records of the Clinton County Medical Society. O. B. CAMPBELL,
M. WELLER,
Committee.

Houghton.

On Oct. 5, Houghton County Medical Society held, with the exception of the one following the election of Dr. Lawbaugh to the presidency of the state society, the largest regular meeting since its foundation. At this meeting the following were elected to membership in the society: Drs. A. J. Jones, Painesdale; C. E. McKinnis, Dollar Bay; A. A. Metcalf, Hancock.

A paper on Tubtrcular Peritonitis, by Dr. Lawbaugh, proved to be a thoroughly practical one, although at the beginning the doctor stated that, owing to the short time allotted, he would be unable to enter minutely into the details. He stated that among other things which had come up in his experience, the proportion of males to females with this disease had been one to four.

Following Dr. Lawbaugh, Dr. Gregg, of Tamarack, exhibited, by means of the cabinet magnifier loaned by the C. and H. Hospital, about 75 X-ray plates, explaining each very clearly. Dr. Gregg has been devoting a great deal of time to this work, and the plates were all most clear and distinct. The exhibition with other plates from the C. and H. and Copper Range Hospitals proved to be one of the most instructive ever given before the society. W. D. WHITTEN,
Secretary.

Huron.

The Huron County Medical Society held its regular annual meeting Monday evening, Oct. 12, at Bad Axe. Dr. A. M. Francis was re-elected president; Dr. M. C. McDonald, vice-president; Dr. D. Conboy, secretary-treasurer; Dr. J. D. Lackie, delegate; Dr. B. Friedlander, alternate. Dr. F. B. Sellars read a paper on Theology From a Medical Standpoint, and Dr. C. B. Morden read one on Case of Lumpy Jaw in a Farmer. Both papers were thoroughly discussed. One-third of the county "force" were present.

D. CONBOY, Secretary.

Mecosta.

The Mecosta County Medical Society has elected officers for the following year, as follows: President, F. C. Terrill; vice-president, A. A. Spoor; secretary-treasurer, Donald MacIntyre, all of Big Rapids. DONALD MACINTYRE,
Secretary.

Monroe.

The officers of the Monroe County Medical Society for the coming year are: President, S. V. Dusseau, of Erie; vice-president, J. J. Valade, Newport; secretary-treasurer, C. T. Southworth, Monroe. C. T. SOUTHWORTH, Secretary.

Montcalm.

The annual meeting of the Montcalm County Medical Society was held at Stanton, Oct. 8, 1908. Officers for 1908 were elected as follows: President, Dr. John Avery, Greenville; first vice-president, Dr. F. R. Blanchard, Lakeview; second vice-president, Dr. W. P. Gamber, Stanton; third vice-president, Dr. Jay O. Nelson, Howard City; fourth vice-president, Dr. James Purdon, Edmore; secretary-treasurer, Dr. H. L. Bower, Greenville. H. L. BOWER, Secretary.

Proceedings of the First Annual Meeting of the Association of County Secretaries of the Michigan State Medical Society.

The initial meeting of the county secretaries was held at the Hotel Cadillac, Detroit, September 30, 1908.

Present: R. C. Perkins, Bay; Samuel Schultz, Branch; A. S. Kimball, Calhoun; A. H. Burleson, Eaton; B. E. Burnell, Genesee; Samuel Osborne, Ingham; C S. Cope, Ionia; R. Grace Hendrick, Jackson; G. F. Inch, Kalamazoo Academy; F. C. Warnshuis, Kent; J. C. Johnson, Lenawee; C. T. Southworth, Monroe; H L. Bower, Montcalm; V. A. Chapman, Muskegon; C. D. Morris, Oakland; A. C. MacKinnon, O.M., C.O., R.O.; E. D. Kremers, Ottawa; L. C. Kent, Presque Isle; J. W. Scott, Sanilac; C. C. McCormick, Shiawassee; A. L. Callery, St. Clair; W. C. Garvin, Tuscola; J. W. Keating, Washtenaw; G. H McFall, Wayne. Council, L. J. Hirschman, A. E. Bulson, W. H. Haughey, R. H. Spencer, C. B. Burr, A. L. Seeley. State Secretary, B. R. Schenck; Associate Editor, C. H. Oakman; H. M. Rich, chairman Program Committee, Wayne; F. B. Tibbals, Chairman of State Committee on Medical Defense.

Dr. F. R. Green, of Chicago, assistant to the secretary of the American Medical Association, was guest of honor.

Session called to order at 2:30 p. m., State Secretary B. R. Schenck in the chair.

Dr. Schenck: It is hardly necessary to state again the object of our meeting here today. As most of you know, a number of the state societies have inaugurated organizations of their county secretaries, and in a number of states they have had some most interesting and profitable meetings, notably in Ohio, Indiana, and Pennsylvania. Judging from the reports in the journals, these state societies and county societies have been immensely influenced for the better as a direct result of these conferences.

Some eighteen months or two years ago, Dr. Manwaring, the then secretary of the Genesee County Medical Society, wrote an open letter in the Journal advocating the formation of such an association here in Michigan. I am sorry to say that he did not receive strong support at that time, but Dr. Warnshuis, of Grand Rapids, was exceedingly enthusiastic, and I want to say that our meeting today is largely the result of the enthusiasm and interest which Dr. Warnshuis has taken in this matter, aided by Dr. Inch, another member of the Committee on Arrangements. At Manistee there were seven or eight secretaries present, and we had a conference at which this meeting was planned.

Later in the afternoon it is probable that an organization will be formed, but in the meantime we should elect a chairman and secretary of this meeting; therefore, I will call for nominations for Chairman of this afternoon's meeting.

Dr. F. C. Warnshuis, of Kent, was elected chairman and Dr. G. F. Inch, of the Kalamazoo Academy, secretary.

Chairman: In arranging this program we thought it well to start off the meeting with some one who could strike the key-note of the meeting, and in looking around we think we have found one who can do so. We will now listen to an address by Dr. A. E. Bulson, Councilor of the 2nd District, Jackson, entitled:

"Medical Organization—What it has and should mean in Michigan."

Dr. Bulson: Mr. Chairman and Secretaries of the Michigan State Medical Society. In the first place, I wish to congratulate you on assembling here under the auspices of the State Society, for it seems to me that it portends a work that is far reaching, from the fact that the secretaries come in touch with every part of the state or-

ganization. It ramifies to every part of the state, and your councils are on the same line as the Council of the State Medical Society. Therefore I trust that this beginning will result in a great amount of good, and push the interests of our state organization to a final completion.

What has the state organization accomplished? This is a broad question, and as I understand that this is simply an introduction of topics, of course I must be brief. You will remember that in 1902 our organization had been in existence more than 40 years—the Michigan State Medical Society. We had never exceeded in membership 635, although there were eligible to membership in the state of Michigan about 4,000 doctors. The membership was confined largely to the cities, for members of the rural districts scarcely ever attended the state meetings. It was confined to a mere handful of men, and yet they did noble and grand work, and they are to be congratulated. They have left a legacy with us of honor to the profession.

In 1902, after recommendations from the American Medical Association, at their session at St. Paul, for reorganization, the national body recommended state organization. Dr. Connor, at that time, was President of the Michigan State Medical Society. He came home full of enthusiasm. He appointed a committee to draft a constitution and by-laws, which were to be presented to the State Society at Port Huron. This committee drew up a basis of organization, constituting a central body represented by membership in proportion to the membership of the County Society, the county society being a unit, and with one delegate for fifty or more, or a portion thereof, to make up a House of Delegates of the State Society and a council composed of one man from each congressional district. The Council was a new feature in organization, up to that time, Michigan being one of the first states to reorganize on this basis, and I remember Dr. Connor saying, when he was called upon after the report of the committee was given: "There is nothing for me to say; Michigan is taking the lead, and we hold the banner if this is carried out." Subsequently other states adopted the council as a part of their organization. The first year, the members of every county simply put their shoulders to the wheel, and as one man worked heroically and energetically, so that at the close of the fiscal year we had more than 1800 enrolled as members. This year has been a test, in one sense, of the wisdom of that plan of organization, and certainly it has proven that it was a move in the right direction. I do not remember the membership now, but it is something over 2,000. We increased it from 1,800 to something over 2,000. But I want to say to you that we are still far from reaching the goal of our ambition. We have only about 50% of the eligible membership of the profession of Michigan enrolled in society work, therefore you see that there is a broad field before us yet to encompass; there is much to be done. But before I pass that part of the discussion, what have we accomplished by this organization?

In the first place, there has been a spirit of professional unity, which has never existed before. The petty selfishness which was so common in the profession is disappearing. We begin to realize that we stand as one solid body for the uplifting of humanity. If there is anything to be deprecated, it is this selfish spirit which has long existed in the medical profession. A unity of purpose shows that we are standing on the same level; that our interests are one. We can leave our patients to our brother practitioner and feel perfectly safe. Scientifically we have enlisted a large class of young men out of college who are taking hold with energy and zeal, who are making our work a success. It is to be regretted that some of the older members of the profession are lukewarm; some of the old respected members of the profession who have stood as beacon lights for all these years are not in sympathy with the move. And why? Professional ethics comes in right here. I have talked with a number of these old members and they cannot forget the Hippocratic oath and a whole lot of other things that are more or less nonsense. They don't believe in affiliating with men who have been educated in other lines of medical practice. The result is, they are remaining out and lost to themselves and to the society, and we need their co-operation. I don't know as the time will ever come when some of the older members will change their mind in this respect. Nevertheless, medical organization in this country has come to stay, and it is going to pile up (Applause.), an imminence of glory to the work, because it is certainly the greatest and most effective medical organization in the world. Scientifically we are enlisting a membership that is doing the great work of the organization; young men, right from their colleges, with all the latest scientific advancement, are unfolding it to those of the older members who

attend these meetings, making a post-graduate school of every county society in the state.

I remember once Dr. Vaughan and myself, while riding in a car, were speaking about advancement in medical education, and I made the remark, "Quite a contrast, Doctor, from what it was when you and I attended school." "Yes," he answered, "I attended two terms of five months, and graduated." I said, "I attended two terms of five months, on which I graduated." Now it is expected that you will attend at least four years, and later it will be made compulsory to six years. That is one of the benefits of organization.

Medical organization in our state has put us into one big body, where we can put hands on the lever and ask our members to support things in the interest of the profession. Don't misunderstand me, I speak of the interest of the profession in the broad term, meaning the interest of the community. Whatever interests us as physicians interests the community as well, and therefore the bills that have passed our legislature and those pending in other states are as directly beneficial to the community as they are to the physician himself. While there is an impression among the laity that our legislation is all especially to advance our particular interests, I am glad to say that by education they are finding out that we have a broader sphere of work than simply the spirit of selfishness in building up our particular craft. Michigan has had one of the best medical laws of any of the states in the Union, and it is brought about largely by co-operation of the profession. While quackery exists, and always will, yet there is a restraint placed upon it. I am sorry to say that men who have been regularly educated hold themselves aloof from the profession, simply from mercenary motives—nothing else—to bring in the shekels, but that is an exception. We are rid of the great army that used to flood our state, and that is because of organization.

Another thing that we have before us at the present time is the optometry bill. Two years ago there were committees appointed to appear before the committee on legislation that has this bill in hand, opposing it on scientific grounds. A man spends two or three months and receives a diploma, and having it recognized by state authority, can go out and practice upon the community as an oculist. Because he takes that distinction, in one sense, he claims that he is a refractionist, and by that he takes the stand side by side with the oculist, a man who has spent years of labor and understands the pathology and conditions demanding the adjustment of glasses, yet our state legislature proposes putting him side by side with that man, recognizing the optometrist by law. This we opposed, and I believe the profession in the state will oppose it when it comes up at the next legislature. Every state in the Union has this to contend with. It is a question that has to be settled by law, and in the name of common sense let us, as physicians of the state of Michigan, stand by the dignity of the profession. Why, nearly every day in my office I have people speaking of opticians as Dr. so and so, I say, "Are they doctors?" "Why," they answer, "they are the same as you are." I say, "Perhaps so. I spent four years. I have taken several special courses, and they have spent a few months to qualify themselves to practice their art." "But I did not know that." It is a matter of education. The physicians are the ones who are to educate the people. When the physician sends his patient to an optician he is doing his patient an injustice. Sometimes the oculist may be engaged in his work, and cannot accomplish all that is wanted. Send it in a live channel, to men who have spent their life's work in preparation to prescribe for that patient. I am glad to say that these things are changing too. It is a matter of evolution, and before many years the people at large, because of organization, will know the difference between an optician and an oculist. I want to say right here, this matter is going to be fought out in the legislature, and you in every community will have an influence with your representative, and in the name of all that is right, influence him by your interest to vote against recognizing optometry as scientific or legal.

Now I come to a matter that I think of vital importance—that is, that every medical college should teach medical ethics. It is a question that I think at the present time is of paramount importance. In every state university there are a large number of young men, bright students, who stand willing to perform their part of the work, but they are totally ignorant in regard to medical ethics; therefore, if the schools will take this matter up and give them lectures on medical ethics; what it is; what to expect when they get into practice, they will be accomplishing a great good for the medical profession of our states: In a great many of the smaller towns, they have established post-graduate work; who

ever heard of post-graduate work in county societies until reorganization of the profession, but it has come to stay. It is a school of education for men who scarcely ever find the time to go away to distant cities to avail themselves of this work, therefore, one of the grand things of the profession is the establishment of post-graduate work. But I am sorry to say that it is limited in a certain line from the fact that in the cities the physicians attend, but the country physicians simply attend their quarterly or monthly meetings, and yet get a little good from it. However, the city physicians especially derive the benefit, because they hold meetings every week which are generally largely attended. I think perhaps in all of the post-graduate classes that have been established there is a large per cent who attend those meetings and do their particular work, but I am sorry to say that the country men are not in accord with it. How shall we reach the country physician with post-graduate work? This is the next important thing for us to decide. I have been reading some of the discussions in regard to this—that correspondence schools be established. The American Medical Association is possessed of a great printing plant for our organization, and has all the paraphernalia and everything necessary to send out their pamphlets broadcast throughout the land to every man. If need be, a man can carry this out in his own home without going to Battle Creek, Lansing or any other place; it systematizes a plan, and I believe it is a feasible one. There are but few of the men today but what have a certain professional ambition, and with this plan laid out, at his leisure he can take that and he can work it out. His practice gives him clinical experience, and in that way it keeps him in touch with the post-graduate work of the cities. There must be something done in this line for the country physician.

I do not think I will extend my remarks any further. I want to say, however, that I for one feel proud of the work that the reorganization has accomplished. I believe we have as intelligent and as faithful a set of workers as any state in this Union. We will take no second place with any of them. While there are fields for broadening our sphere of usefulness and making it better, yet we stand shoulder to shoulder with the profession of this country, and by this organization completing its work, getting in sympathy with it as you all will, coming in contact, you will form professional friendships that are going to be a mighty factor in carrying on the work in these counties.

I have been on the Council ever since the reorganization of the Michigan State Medical Society, and I want to say to you that I never have met a grander set of professional fellows in my life than those members of the Council, and by this association it makes us feel as good as brothers. I say to you, go on with this organization, and help us in the Council, and we will help you.

Chairman: The discussion of Dr. Bulson's remarks will come under some of the other subjects before us this afternoon, so we will pass that on our program and listen to the next paper, which is a part of a Symposium Program, the first section being **"Scientific Work,"** by Dr. C. S. Oakman, Chairman of the Program Committee, Wayne County, 1907-'08.

Dr. Oakman: The Wayne County Medical Society is so large that the secretary's duties are very arduous and hardly allow him to attend to the details of program-making. Therefore a special committee is appointed, consisting of the two secretaries of the special sections, and a chairman, chosen by the president. This chairman is responsible for every thing concerning the planning and execution of the weekly programs; he may divide the labor as he chooses with the two other members of his committee, and he also usually keeps in close touch with the president, whose policy may materially affect the tenor of the meetings. This arrangement is recommended to any other society whose secretary is too busy to give the matter adequate attention.

It goes without saying that attractive programs are necessary for the success of a society; the practitioners of any county may be whipped into line for membership, the dues may be efficiently collected, and the officers wisely chosen, but the meetings will not be well patronized unless particular pains are taken with the program.

Frequency of Meetings.

The frequency of the meetings of any medical society should depend upon the number of active members who are willing to contribute. If programs are too numerous there will be too great a demand upon willing participants; if they are too few, the interest will wane. A happy mean must be found between these two extremes, and it should be the business of the officers to watch closely the effect of any given policy.

Judicious inquiry among members will usually elicit criticism and helpful suggestion; this is much better than to plunge ahead in blind confidence until dissatisfaction is openly manifested.

Subjects of Papers.

The subjects of medical papers should be varied; in order not to invite repetition of the same or similar topics, the general scheme of topics may be mapped out for the season. There are two ways of getting essays; one is to ask for volunteers to read on whatever subjects they like; the other is, to ask certain desirable men to read, either on specified subjects or ones chosen by themselves. If only the first method is used it may happen that the series of essays will not include the best men; if only the second method is used, some one will feel disgruntled at not having a chance to read. Therefore it is expedient to ask papers from certain men who are sure to command attention, and to fill up remaining places on the programs by calling for volunteers. It is also a drawing card to have occasional papers by well-known men from neighboring or distant places.

It is extremely difficult to lay down any rules for the choice of subjects, because conditions vary so much in different communities; in one town scientific work may command such attention that technical papers prevail; in another town technical papers might not be at all advisable. Generally speaking, a paper is valuable in proportion to the information it conveys. If it is an obvious rehash of accessible text-book platitudes, it is hardly worth while, unless redeemed by exceptionally good delivery. Some men have a grace of diction and charm of manner which decorate a most inferior contribution. On the other hand a really worthy essay can be spoiled by lame delivery. It will usually be found that original work forms the basis of the most useful essays; that work may concern technical investigations, diagnostic measures, clinical observations; it may have been carried out in one's own laboratory, or in one's practice, or in post-graduate study, or foreign clinics; it may be a recapitulation of work that one has seen some other man do. In nearly every community one physician or another makes a pilgrimage to larger medical centers and such a man ought always to bring back information that will make an interesting essay.

Next to original work, probably the most useful papers are case reports and therapeutic abstracts. Whenever a paper can be illustrated by lantern slides, drawings, photographs, exhibition of patients, specimens, microscopic slides, instruments, or apparatus, it gains greatly in interest. Programs are also pleasantly varied by an occasional topic such as medical history or biography, ethics, local professional problems, institutional management, and those by-paths of medicine which are so graced by men such as Osler.

Length of Program.

The length of the scientific program should be carefully watched by the committee in charge. If a society meets often, the program should be short; if it meets but seldom, pains should still be taken to avoid excessive length. It is very irksome to listen too long, and if the audience becomes restless the essayist usually feels it keenly. If for any reason several papers must be grouped in one session, the subjects should be varied, or else presented by men capable of holding interest, and place the best readers last. Symposia are a favorite means of breaking up a subject into short addresses; a subject like tuberculosis can be assigned to four men, each to give a ten-minute talk on some separate phase; for instance, one will take up pathology and bacteriology, another diagnosis, another public and individual prophylaxis, another treatment. In any series of several papers, the time should be carefully calculated in advance by the committee, and the writers urgently requested not to exceed their allowance. The balance between the scientific and social parts of programs ought to be regulated according to circumstances; usually, of course, the scientific part had best come first. An hour divided between three short papers is generally more profitable than one long continuous address. The best medical essays are nearer twenty minutes in length than an hour, and with few exceptions the man who covers a subject in fifteen minutes has impressed his points better than the man who uses a half-hour for the same purpose.

Incidentally, the presiding officer can assist immeasurably by impartially keeping readers and discussers to a time limit previously agreed upon.

Discussions.

It is frequently said that the most instructive part of a scientific program is the discussion that

follows an address; this is not always true, for sometimes the participants are not prepared for the subject, or wander away from the point in hand, or talk to no purpose except to be heard. The plan is often adopted, and wisely, of asking one, two, or three men in advance to discuss a given paper; in this way the discussion will be opened by men who are presumed to have thought about it, or read up on it, thus affording new ideas, or contradictions, or fresh points of view. Then the subject can be thrown open to general debate, or the presiding officer can call on particular men to speak. If the attendance at a meeting is at all numerous, discussions should be limited; the formal participants may be allowed seven or five minutes, the rest five or three. A rule once made avails only so long as impartially enforced. This is one of the greatest difficulties in medical societies; its observance is likely to cause offense, and its lapse will permit those long weary harangues which are expected from certain men in nearly every community. In these days of American concentration it is still hard for many people to realize the demand for "multum in parvo," rather than "parvum in multo."

Post-Graduate Courses in County Societies.

In the last two years a new feature of the county medical society has arisen in the local post-graduate work; this may supplement or in part supplant the usual formal meetings, and is to be encouraged. It serves the purpose of instruction far better than the average medical paper and loses none of the social atmosphere of the traditional meeting. An outline of study can be taken from the skeleton published in the J. A. M. A. by Dr. Blackburn of Kentucky, or independent plans may be formulated, according to conditions.

Planning of Programs.

There are a few points in arranging for scientific papers that should always be observed. First, plan far in advance. If you intend to ask a man for a paper, give him at least two months' notice, and more if possible. Second, remind him occasionally afterwards, lest he forget or neglect. Third, decide upon the men to open the discussion as soon as the reader announces his subject. Sometimes he will wish to have a voice in naming them, which is perfectly fair. Notify them at once, and also subsequently, especially the day of the meeting. Discussers will often dodge unless gently prodded. If a printed program is used, have it set up in plain, legible type, and copies mailed to members in advance. Postals may be used, serving both as a notice of meeting and the subjects to be presented.

The foregoing suggestions have touched upon numerous aspects of the scientific medical program; much more could be said, but each society will face such widely different conditions that details are best worked out independently. By far the most important factor in successful programs is to have them in charge of a man who is interested, and industrious. Tact is a valuable asset, but conscientiousness is better. Get a man who will do the work and be forehanded about it, and good papers will be forthcoming and an efficient system be developed.

Chairman: We will next call upon Dr. C. D. Morris, of Pontiac, **"Social Features of the County Program."**

Dr. Morris: My first words this afternoon must of necessity be in the form of an apology. After accepting the invitation to appear before you I went on my vacation, which was an automobile trip to Boston. I did not get back quite on time, and of necessity did not prepare the paper with which I had expected to startle this society. In fact, I had written two pages and was writing it when my brother surprised me yesterday by visiting me, consequently what I wrote I will not read, as it is incomplete. But the question of Social Features is really so close to my heart that I felt as if I could speak better than I could write. The secretaries themselves do not have an opportunity, especially on their feet, consequently I am not quite as experienced in that as I hope some of the rest of you are.

Social features have figured largely in the success of our meetings in Oakland county, and I feel that if I simply tell our experiences it will be taken as the things that I believe in myself because, being the secretary, I have followed out my own ideas.

The meetings that we have held in Oakland county have been four each year, and the annual session consists of a meeting where social features reign supreme. The annual meeting is held in the early part of December, consisting almost entirely of a banquet, speeches or after-dinner remarks. We also have our election of officers, which does not take very long. Then at

the banquet we have some of our best representatives, councilors and men from out of town, who speak to us on the serious part of the program, while our local men furnish the humorous side. We have men who recite in dialect, and we have singing, calling on those who can sing, or think they can (and we have both); it really adds to the pleasure of the occasion to have somebody sing who is not as good as he thinks he is. At the last annual meeting we had with us Dr. Schenck and Dr. Dock and after that meeting Dr. Dock and myself were entertained at the Asylum. During this informal talk it came to my mind that a society song would be about the proper thing to stimulate the social success of such a meeting, and, in fact, at one of the District Councilor meetings Dr. Dock made me promise I would have something to say on that subject, but I was not able to be present. It seems to me, gentlemen, that these things add greatly to the success of a society. Technical papers are all right; they are enlightening, and they indicate the preference of the profession and strengthen our views and impress on our memories indelibly facts which we might not otherwise retain, but when we meet in social functions, we meet the member whom we perhaps felt was a monster cussed Indian (and knew so, because our patients told us so, and they told it so many times that we were almost inclined to believe it, even though we did not want to believe it) but at the social functions we shake hands with him and talk with him, and find out that he is sincere, and that he is trying to do the same as we are.

I believe the social feature is really an important part of the success of the county organization, and I would thoroughly recommend a banquet once a year, with songs and after-dinner remarks by all those who can make them, and have some outside talent like that I have mentioned come in and stimulate the society, and I am sure you will all be perfectly satisfied. As we have a long program, I believe I will not take up more of your time.

In opening the discussion, Dr. H. L. Bower, Montcalm, said: Mr. Chairman, I saw in the announcements that we are exhorted to "Remember this program is meant for *you*. Those reading the paper will only open up the subject. The value of the meeting will depend upon you relating your experiences and in giving your ideas and suggestions."

I think that Dr. Morris has pretty well opened up this question. I would not endeavor to improve upon the paper, that has just been given us, because I could not do that, but I think that I can say more, perhaps, of interest by simply relating experiences.

I have had quite a little experience along this line in the county society. Our county is large enough geographically, but we have only about 50 physicians, perhaps, all told, in the county. We have succeeded in getting 30 members this year, and that is the largest number of members we have ever had. I am very glad to note that our county is a little past the average, after all, as we have a larger percentage of membership than the state itself, which is somewhat gratifying. I was very much surprised that this was so. Now the social features of our county have busied us considerably. We have an annual banquet, and these banquets are about as social occasions as we could wish for. By the way, we meet all over the county; we have not any central point, although Greenville is more central than any other point, but we are away off to one side of the county, and hence a great many from other parts think that they should have the meetings occasionally. We went into one little town at one time, and to the surprise of every one who was there, the local physicians, three in number, bore every expense. They had a good banquet at 12 and when we came to pay our bills they said they were all paid. Then after the meeting was over we were invited to another feast at one of the physician's houses, which of course served as a very great entertainment to us all, and we all declared that we had a good time.

Last summer we decided that we would have a basket picnic at Greenville, inviting the profession, and their wives and their sweethearts and everybody connected with their families to come. A little after that I read in the State Journal that Ionia county had taken the same action. We did not know anything about it. They were to meet at some point near Belding, or at Belding, and be entertained by the Belding physicians at some lake near Belding. I said to myself, there is no lake near Belding, no resort lake except our own Baldwin Lake at Greenville, and the probability is that there is where they are going, and so after a conversation with Dr. Cope we arranged it that we should have a union meeting, and that the fraternity of Belding and of Greenville would

entertain all who should come. Now I think that Dr. Cope will agree with me that that was one of the most social features that we had had for a long time. It certainly brought the doctors together, got them acquainted, and served to enable them to have a good time, as well as the ladies who came with them. Now this resulted in a motion, which was unanimously carried, that this should be an annual feature of these two counties, so that I suppose hereafter it will be understood that there is to be a picnic at Baldwin Lake, near our town, and that all the doctors and their families are invited to be there. I know that the sociability of that picnic has given us to think that we are to receive new members at our next meeting. Our annual meeting comes the 8th of October, and two men who have stood out from our society for years declared that they were going to unite with the society. It was the social feature which did that, they enjoyed it so much.

I do not think that we can emphasize this feature of our work any too much, for we all like sociability and it always is an uplift. We go through the humdrum of life and we get tired of it sometimes, and an occasional picnic of that kind will enable us to throw off that dull feeling and be glad that we are doctors and glad that doctors are sociable beings and that they delight in social functions.

Dr. Samuel Osborn, Ingham: Mr. Chairman, it pleases me to bring greetings from the capitol of the state, and to tell you that we are going through some of the same trials that others are going through. Up to a year ago we had six meetings during the year of which two were social; one was a picnic at a lake somewhere, and another was the annual meeting, held in November, so that we had really four medical meetings during the year. Really, we could do little, having meetings so far apart as that. Outside of the medical society, there was another organization started. We called it the Physicians' Clinical Club. Of course the members who started it were members of the Ingham County Medical Society. At the time of the annual meeting the matter was talked over, and we are now all one, that is, there is an Ingham County Medical Socity, but we call the organization which meets every week, the Physicians' Clinical Club, but it is all one society. We have had the question as to length of program. We decided that by saying this: We meet at 8:30; any one that wants to go is free to go at 9:30. Our meetings usually last longer than that, but some go, and they know that it is right to go at that time, if they want to.

Our programs have been arranged in advance. We have allowed a man to select his own subject if he wished to, and we also gave him permission to ask for an assistant and we made them responsible for that meeting—that is, the man and his assistant were responsible for the meeting, so that if the man who had charge of the program could not do it, his assistant could do it, or if he wanted some help in doing some microscopic work or other work alongside, or some part of the discussion, he turned that part over to him. We are anxious for the Clinical Club to start its meetings again. We had only a small attendance, probably 12 to 15—sometimes as high as 20—but it showed what people were interested in doing better work, and we expect to get more into the special work during this year. We only had 7 months last year in which we met every week. We expect to do as well as that, and probably better, this year.

Now, coming from Lansing something of course along the line of law-making appeals to me. As far as I am concerned, I am not so busy but that I can write a letter to my representative, or my senator, urging him to do something along the line of attending to some particular law that I think ought to be passed, and I believe that if more of us would attend to that, get in communication in some way so that we know that certain laws are up for discussion, or if we write to our representative that he will notice some things more than he has heretofore. That appeals to me. If we want to get a law to put the opticians out of business, it is our business to make it known to people who have law-making in charge.

We all enjoy our social meetings; there are only really two social meetings during the year; one is the annual meeting at which we elect officers, and at which we have a banquet; the other is the picnic which we usually have at the lake. Of course the doctors enjoy the bath that they get at that time.

I hope you will keep in mind the law-making part of it.

Chairman: As has been said, the value of this meeting depends upon the discussion. These two papers that we have just listened to are now open for general discussion. Let us speak briefly

about our successes and failures; try and limit the discussion to about five minutes.

Dr. C. T. Southworth, Monroe: Mr. President, I represent a county society of which we are very proud, the Monroe County Medical Society. Forty years ago the first Monroe County Medical Society was organized. At the first meeting we planned an organization and at the second meeting we adopted a fee bill, and at the third meeting we ended in a fight and died. Twenty-one years ago six of us got together and organized a second Monroe County Medical Society, using the record book, that was in my possession, from the organization of the first county society. We had a meeting of eight members, and organized. The following month we had another meeting, with an attendance of 12; the third month we had another meeting with an attendance of 14, and at the third meeting the question of the fee bill again arose. A fee bill was drawn up and adopted unanimously by all members present, signed by not only all the members present, but by all the physicians in the county. At the fourth meeting charges were preferred against three of the members for going back on the fee bill. The fifth meeting was a general fight, and the society died.

Ten years ago next month, the same six who organized the association 21 years ago organized another association still called the Monroe County Medical Society. We issued a call, and 17 physicians attended the meeting, in October. After a little discussion, one of the original six got up and made a motion that the first man who brought up the subject of fee bills in the Monroe County Medical Society would be expelled from the society; the consequence is that our society has spent 10 years of harmonious existence. We have four meetings a year; the average attendance is 11 or 12—eight from the city and the others from the county. We have 34 physicians in the county to draw from.

We have tried meetings in different parts of the county; we have met in every town and every village in the county, but we have been unable to increase the attendance from the outside, except at our mid-summer meeting in July, which we devote almost entirely to social matters, and then we have an attendance of 20 to 24. During the mid-summer meeting we aim to have two or three prominent physicians from Detroit or the surrounding country. We also draw on the prominent men in Toledo, as we are a southern county in the state, and from the southern part of our county the physicians go to Toledo more than to Detroit. We have a meeting at 10 o'clock in the morning, a dinner at some summer resort at the lake at 1 o'clock, and after dinner the afternoon is spent in a ride on Lake Erie and in bathing and such things. Our October meeting, where we elect officers, is followed by a little supper given by the program committee. Our January meeting is usually held in the town of Newport, where we have one member who entertains us with a game dinner; so that there is only one meeting in the year when we don't eat, and that is the April meeting. The reason that we don't then is that the roads are so bad it is hard for any one to get in to that meeting, the members are generally busy and our attendance generally five or six. At our last April meeting I think there were three papers and one audience.

The program rules are—always three papers. We insist upon three papers at the meeting. Discussion is general. We have tried the arrangement of papers in alphabetical order, but we found that we failed. Our most successful method has been the appointment of a program committee, the committee consisting of three, and it being their duty to provide three papers for each meeting, even if they are obliged to read them themselves. For ten years now we have had a very pleasant and harmonious time. It has been a means of bringing in good men who were entirely ignored by physicians and looked down upon and had no place in the profession, and I am happy to say that we are all the best of friends and have been since the organization of the society—the only thing that ever would have brought us together.

Dr. J. C. Johnson, Lenawee: I think Dr. Bulson is having a little trouble with that 50 per cent of membership. Undoubtedly the secretary gets hold, in some way, of all the men in the medical calling who practice medicine in each county from county clerks, etc. If you would take the men who are legally qualified you would have a large number; if you take the men actually in practice, I think you have a large percentage, more than 50 per cent, as members of the state and county societies. I know in my own county one can get at least twenty men who do not care whether they see a patient from one year to another. Their names are still on the books as medical practitioners. I think the percentage is more than 50 per cent who are actually

practicing physicians, who are members of the society.

Dr. Oakman: I think, with regard to my paper, that there is nothing to add. I would simply repeat that it is interesting to hear the experiences that you have in different places. I repeat, that this whole matter depends upon circumstances in the individual county; they vary so much. We are all aiming to do the same thing, and whatever means will best accomplish that thing in any given county must be judged according to local conditions.

Dr. Morris: There is one thing I want to bring up for discussion some time during the meeting. Perhaps I will not take the floor again, so will mention it now.

Our society has been bothered about the question of contract practice. There is no paper covering that subject, I think, and perhaps it would be as well for me to approach the subject now.

We have asked at each meeting a committee to report on recommendations regarding contract practice. At the last meeting the secretary, with two or three other members, reported that they believed it was not a proper time to take stringent action or drastic measures regarding contract practice. As far as Pontiac is concerned, in our local society, we have framed a contract, or guarranty, or promise, that no physician would engage in contract practice, and at the expiration of their present contracts, which expire some time in December, it would be discontinued by them. We have always at least two or three men in town who are willing to do the contract practice. They get as high as $1.50 a year from each member of certain lodges or fraternal societies, and some of them even have to furnish their medicine for that price. It brings them in all the way from $800, $1,200 or $1,400 apiece, and if they have not a very lucrative practice, they dread terribly to give that income up, but they all agreed and signed this contract. At the same time we adopted a fee bill, and I think a fee bill is a very pernicious thing in a society. I have some sympathy for the Monroe society. Our men are living up to the fee bill, I think, as well as they can, but one of our men, who does contract practice, has reason to believe that the men are not living up to that, as he is living up to the fee bill, consequently he has said that he will not live up to his signing the contract not to take contract practice, and it is up to the rest of the members to show to him whether they will live up to the fee bill. Anybody, I think, can find fault at the same time in some way with the fee bill. We cannot all charge always the prices that are listed on the fee bill; it is absolutely impossible, and it seems to me that it is for the state society, in some way, to get at the question of contract practice. There are men who live in the small towns where they have a fraternal society who are on very friendly terms with certain members, have always been their family physicians, and if they were to take a stand to not take contract practice they would lose a great deal of prestige of well-known and prominent people . These prominent people, at the same time, do not expect the physician to give him medical attendance just because he belongs to the fraternal society, in fact, they pay him the regular price, but for the physician to take a stand and try to tell their society what they will not do, and what the society should do, is something they do not like. It is an important thing in our town. We have six or eight fraternal societies with large memberships, and these societies have tried to throw their influence toward two physicians who favor them and against the physicians who do not favor them, and have said that if the physicians in town now were to live up to this contract they would import somebody who would do the contract practice. In fact, we have two new men in town whom we have not been able to induce to join our local society, and it is the general opinion that they are ready to take the contract practice if these other men throw it down. I hope before the meeting ends that some discussion will take place regarding the contract work in other counties. I would like to know what the other counties are doing.

Chairman: The next paper is **"The Business Side of the Secretary's Work."** Dr. A. S. Kimball, Battle Creek.

Dr. Kimball: When I unfolded my letter from the committee on arrangements, assigning to me this topic, I wondered if they had lain awake trying to find a hard nut for me to crack.

In the discussion of such a topic as the "Business Side of the Secretary's Work," I think Dr. Oakman, Dr. Morris, Dr. Johnson and Dr. Cope will all agree with me that any side of the work is "business."

I infer, however, that I am to handle the money end of this proposition, and personally I think it *is* the "business side."

In the first place a secretary should keep his society's business independent of his other business affairs. That is, he should keep his society books independent of his own; keep them as conscientiously, and, perhaps, more so; and above all, keep his society's moneys absolutely independent of his own. This may seem an unnecessary warning, and probably to many it is, but I have known of instances where secretaries have carried society and personal accounts as one and so have not been able, save with a great deal of work, to give even an approximate idea of the condition of the treasury when they have been asked as to the amount on hand. This is not good business; one should at all times be able to tell at a glance his balance.

Besides maintaining a separate account for each member, a cash column is essential to good business, showing all collections and each expenditure.

The annual meetings of most of our county societies are held in December. As the dues for the coming year are payable in advance, each secretary should go to this annual meeting with each and every account posted to date and dues for the new year entered in the debit column, prepared to credit and also urge their payment for the new year. If one once gets the habit, your members will do likewise, and your troubles for the year will be greatly lessened.

And that brings us to that troublesome trouble of all our troubles, that veritable nightmare of a secretary's official existence, the collection of dues. One would think that the member of a medical society, and especially one of his own profession, would be anxious to keep himself in good standing. But physicians are human, and, like all the rest, they are careless. They are apt to have just paid the coal man or milk man; or "when are they due," or "I thought I paid those last fall," when, in reality, they paid for the year previous "last fall;" or "I'd forgotten it, call next week.' But secretaries were once mere members and they must remember their own days of neglect and, while now they see the wisdom of early and prompt payment, they must bear in mind that there were days when the secretary's request seemed very inopportune. So cultivate patience and diplomacy, be always hopeful and optimistic, and perhaps some day you will be successful. Persistency and tact are the two qualities absolutely essential if one is to collect the dues of a year before that year ends.

It is as tiresome to hammer a physician for his dues as it is patient for the payment of services long since rendered, but when you do finally get that money in your possession you should at once place it in the bank chosen as the proper repository for your society funds. And right here let me add a word of warning, never draw one cent of it out save by check, so that your returned vouchers will check up your final account.

It is in this matter of dues that we come very materially in contact with the state secretary, for by the Constitution of the State Society a member in good standing in his state society must first maintain good standing in his county society. So, if his county secretary fails to report him in good standing, he will probably be placed under the ban by the state secretary. Again, while we, as county secretaries, are having our troubles in keeping our local members in line, our state secretary is having his, and they are manifold, in keeping not only fifty-five county secretaries straight, but also keeping his eye on the entire multitude of state members so as not to put in bad standing any who should remain in good repute. In order to do justice to all, therefore, it behooves the county secretary, immediately upon the receipt of a member's dues to remit them.

This constitutes system; and, with its close application, many of the petty embarrassments and unpleasant features of our work as bookkeepers and collectors disappear. We are the middle men, the buffers alike for state secretary and member, and prompt, businesslike dealings with both will make our own position far more pleasant and bring in return help and appreciation from all.

Another feature of our work is the contracting of bills and their payment. The expenses of a society's maintenance are very variable. Many expenses are of more or less fixed sums, while many vary with the tastes of the society. A small, scattered membership finds it hard to keep debts out of the way without the necessity of large local dues or special assessment. If, as is the case with Calhoun, a society is incorporated it may require many funds to carry on its chosen work. To meet this is sometimes becomes necessary for the members to make sacrifices which, in the instance of Calhoun, was in the shape of foregoing the pleasure of the annual

complimentary banquet and sitting down to one provided at the expense of such members as cared to partake. In order, then, not to work unfairness or inflict unnecessary expense, the greatest care must sometimes be exercised. To grant one individual concern your printing because it happens to be friendly to you, when another around the corner will do equally good work for a dollar or fraction less, is not always good business. In your own business you know that a few cents multiplied several times often makes a big difference in the family exchequer. Then why not practice the same economy in your business dealings for an organization which is composed of fellow practitioners in the same boat with yourself and who have elected you to a position of trust because they considered you worthy of the trust?

Ordinarily the secretary must provide the place of meeting. One's tastes vary. It is possible to pay five dollars for a meeting place or by the application of a little effort on your part, provide one equally good for nothing or at least at actual cost. It is these little differences that help your surplus in your final account.

Finally, we come to the annual meeting where we are to account for all our business dealings of the year. You must go to that meeting with a statement, setting forth clearly the exact condition of the treasury; showing all collections, from whatever source; remittances for dues to the state secretary; all minor expenditures, and show clearly your balance, or if you are so unfortunate, your shortage. Have your ledger properly balanced to date. Show every voucher returned for every cent expended, and have your orders properly drawn and receipted.

Having all this done before the annual meeting will prove your business capability and also lessen the laborious task of auditing imposed upon your board of directors, as well as having everything shipshape for your successor.

We, as secretaries, must then, first of all, inaugurate system into our whole work; promptness both in our dealings with the state society and local members; maintain or, if necessary, cultivate patience, persistency and diplomacy in our dealings with our fellow members, and practice the strictest of economy in our dealings with others for the good of our bank account; and finally account in a clear and concise way for our year's work at the annual meeting.

These are a few of the many and various expressions of the "Business Side of a Secretary's Work." There are many more, and I hope that many will be brought out at this meeting.

Chairman: Dr. L. L. Cahill, of Mendon, will open the discussion. Dr. Cahill does not appear to be present; this paper is now open for general discussion. Let us not waste any time.

Dr. Cope, Ionia: Mr. President, I would like to say something along the line of the business side. I am going to open up an avenue that we have not been accustomed to looking down, and still at the same time there may be in the perspective something worth looking at.

Sometimes medical societies are short of money. Sometimes it is a burden for the physicians to contribute. What would you say in your society to having a paid lecture on some scientific subject; let your county society distribute these tickets throughout the county and bring before the people in your county something that would be uplifting and elevating. There has come to my notice this, that I think is worthy of attention:

"Some Problems of Modern City Growth," Illustrated.

By V. P. Randall.

SYNOPSIS.

City Evolution.
The Housing Problem.
From Mansion to Tenement.
Shacks and Alley Houses.
The Immigrant.
The Ghetto.
The Factory District.
Industrial Betterment.
Bill Boards and Beauty Spots.
Disfiguring a City.
Parks and Playgrounds.
Public Baths and Fountains.
Social Settlements.
Work With Boys.
The Fraternal Church.
Tuberculosis.
The "Lung Block," New York.
Public Health and Its Economic Value.

"A lecture of great interest and value, not only to those who live in larger cities, but to those who live in smaller towns, as the matters considered are common to all growing communities."

This lecture is by Mr. Randall, who is one of the men who had to do with the destruction of the celebrated Mulberry Bend, of New York City. He has been twice around the world; has lectured at Ann Arbor, and I met him and told him that I would present this subject to you. I will give him the address of every member of this society and he will tell you what he has and you can take it up. Perhaps you may want to have this in your community, and from this you can get some money to help bear any extra expenses that you feel that you cannot otherwise bear.

Dr. Bower, Montcalm: This question of dues from delinquent members is a very important one. A member of our society came into our town a little while ago, and on meeting me he said: "I have paid my dues for this year." Now, the matter of fact was, he had not. We talked a little while, and he said he would look it over when he got home again and see if he was mistaken. I have not seen him since, but I apprehend that he will come to the annual meeting, and will fail to bring the $6.00. I have wondered how these things would work out, and whether according to the postal law the secretary would be at liberty to send a delinquent member his monthly journal. If this is so, this might obviate the difficulty, and a member who failed to receive the monthly journal might know that his dues had not been paid, and he was therefore not in good standing financially.

Dr. Burr, Councilor, 6th District: I am reminded of a plan in Flint of the Civic Improvement League, which was introduced in its constitution for the collection of dues. If they were past due for a month or so (I do not know how long), the member should be drawn on through the ordinary commercial channels, making sight draft through the local bank. I apprehend if that were put in force in the county societies the members might slowly be led up to the consideration and adoption of it. It would work out well in some localities at least. One does not resist the importunities of a bank collector as a rule. It might embarrass some secretaries, and might offend some members; I have an idea, though, it might possibly be available as an expedient.

Dr. Bulson, Councilor, 2nd District: It seems to me that it would be better to have a resolution pass the Council to that effect, and notifying the member in advance that that will be done, because I know that many men will take exception to that. If there is official action taken by the Council it opens the way for the draft beng sent, and the official action it seems to me is a good plan.

Dr. Burr: I thought the county secretaries could do it for themselves. They do it, and then they cannot go back on their own action.

Dr. Bulson: I want to say to you, gentlemen, that this is the important factor in maintaining this organization. There is no question about it. There is one county in my district, good men, and there are three-quarters of them delinquent, and I cannot understand it. The secretary is the important one to push the collections. Of course we cannot afford to send the Journal to delinquent members; it is not right to you, and those who pay their dues, but if there is some way to get at it by sending a draft, I believe it is the thing to do, and I believe it would be a good thing to have a resolution passed of that kind. I think every society would take action, and if necessary the Council can fortify it.

Dr. McCormick, Shiawassee: If a man is back two or three years in his dues, and wants to rejoin the society, is he taken in just for the year's dues, or must he pay his past dues? I think that will occur in almost any society; if a man is back, say $12, is he required to pay that amount, or will you take him for the $3?

I agree with Dr. Bulson that the strength of the organization in various counties depends largely on keeping up your finances, because where a man's treasures are, there will his heart be also, and if they get behind in their dues, my experience has been that they will cease coming to the meetings.

Dr. Haughey, Councilor, 3rd District: At the time of the reorganization, Calhoun county Medical Society was in line and took Charter No. 1. We were ready for organization. When I commenced as secretary, it was right on top of a motion to disband, because there was nobody present; we could not collect dues, nothing could be done. I believe that if I had drawn on these parties for dues in advance, or used any other means excepting my own persuasive way of getting it, we never could have organized that county again in the world. When we quit at the end of

nine years of my service the dues were pretty well collected up. Now I did not try to collect these dues at the meetings. I collected at the meetings as much as I could. I never failed to mention the matter to a man who was in arrears whenever I met him, and never found one who took it in any other way than thankful to me for doing it. I believe that if the secretary will follow that plan—whenever he meets a member in arrears, quietly and gently tell him of it and suggest to him that he should pay—you can collect these dues at any time. Now there may be times and places where it is well to draw on them, but I think not for one year's dues, but that they should be more than that behind before doing so. In our county, however, we have now a different by-law. Our county has incorporated, and the by-law makes it a civil obligation that a man pay his dues, and if he does not pay them we can collect them, draw on him or collect them in any other way, as long as he remains in the county. I feel that the whole secret of the situation rests with the secretary; he must be never ceasing in his labors. He must remember at all times that he is secretary of that society, and whenever he meets a person, a member, who is in arrears, make it known to that person that he is in arrears, that the dues must be paid. You can do it, boys. I did it nine years, and that is quite a little while, and we had a membership of nearly seventy.

Dr. Inch, Kalamazoo Academy: I would like to ask if it is customary for the county societies, if a man goes in after the first six months, to charge the full rate for the year, and if the state medical society allows them any "cut rate," going in late. It has been the custom with the Kalamazoo County Society, if a man comes in two months before the end of the year, to charge him the full rate for the year. It does not seem to me to be quite right.

In regard to collecting dues; in our county society I have usually adopted the method of sending out bills every two or three months. Then if they do not pay before the end of the year, I go around and call on the members. I think we are usually able to collect all the dues; I think only seven or eight members are behind now in the society. Our by-laws would not allow a man to come in only for two months, without paying dues for the year, $4 or $5. I hardly know about collecting the state dues, whether they expect the full amount for the year or not.

Dr. Burr: This is an important matter and, if I may be pardoned, just one word. This society is here to lighten, if it can, the secretary's burden. God knows, he already is a terrifically overworked man. I have myself been the secretary of a society and know whereof I speak, and I don't think it is his business, in the natural order of things, to dun, and dun, and dun; to petition, and tease, and tease, beg and implore the men to do their ordinary duty to a society in which they are just as much interested as he himself is. I say, then, let us find a means for lightening his load rather than increasing it. Furthermore, a man who meets me every few minutes and asks me how much I owe him, if I were in a position so that a man would have that to say to me, would be more or less pestiferous; I would much prefer to hear from him in the manner of which I spoke, and certainly there can be no objection to that method of collection. It would succeed, in a large majority of cases, I fancy, if the society itself instructs its secretary to draw upon its members in that way. They make the law for themselves, and they can be bound by it. There can be no occasion for sentiment or feeling; it is just a matter of business, pure and simple. That is all that I have to say. I speak of this matter now, because, thinking it over, it seems more important to me than when I first got on my feet. It seems to me that it would decrease the burdens rather than impose further burdens upon the secretaries.

Dr. Hirschman, Councilor of 1st District: I do not want to anticipate; I just want to let one thought sink in now, at the present time, which will be elaborated later and which I think will greatly simplify the business. Since the Wayne County Society took up the question of legal defense and made a provision in its constitution that no man was entitled to defense if he had been in arrears for dues subsequently, it has been the best collection agency we ever had. If the state society should take up this matter, and make the same proviso for any man in arrears, that either in the state or county society he is not eligible for medical defense, it will be found to be the best possible collection agency.

Dr. Garvin, Tuscola: I am not secretary of our society, but through his courtesy I am here today; I was, however, secretary for three years. I believe we have, in Tuscola County, a means that

helps to collect the dues, and there is certainly never any deficiency as long as this can be carried into operation by the treasurer, and it answers some questions on one phase of contract practice, and that is, contract practice for the county poor. In rural districts it has been a bugbear to the physicians so many times as regards the care of the indigent of the county. The physicians certainly do enough charity work, and when they have continued sickness it becomes necessary in some districts to almost beg the supervisor that some way be provided for his fees in the matter. In our county for a long while it fixed a schedule of fees for all the physicians; the supervisors themselves fixing a cut rate fee for the physicians. In trying to fight that cut-rate fee we sought to establish a ruling with the supervisor that the physician should get the same amount for attending an indigent case as for an attendance in regular practice. However, they found sufficient physicians throughout the county who cared to take care of the indigent in their district for a certain fixed rate—all indigents were to go to them. They succeeded very well for a year, with the result that the physicians who did not have a contract with the supervisors, did as much indigent work as they ever did, because they would not turn away the family, and the other fellow got the pay for it.

For a year now there has been in operation in Tuscola County, a plan like this. The supervisors pay into the county society a sum equal to one-third of the total they paid for the three previous years, something like $4,000. Every member of the Tuscola County Society was to attend to all the calls upon him, unless it was a case where he thought the patient was a dead beat, when he could require that he get an order from the supervisor for his attendance. It has worked very nicely as far as the services rendered to the people are concerned, and it has worked better still for the physicians, because they turn this into one general fund, and have taken 80% of the sum and divided it among the physicians equally, who get so much for belonging to the society. They reserve 20% to meet the extra expense, and to meet the expenses of the meetings. While they charge the same dues, $3 per year for each member, they keep in the treasury 20% of what is paid in from the county for the purpose of entertainment and meeting the other extra expenses of the society. As a result of this, I think that perhaps—I am not sure—Tuscola County has the largest membership for the number of physicians of any society in the state. They are all anxious to join, and to stay in. We have a nice little bank account on hand, and the physicians, at the end of the year, will have received in the neighborhood of $80 each, and each does all the work that comes to him. He does the work, and tries to collect wherever he can. It makes it a great deal easier to get along with the supervisors, relieves the bone of contention between physicians and supervisors, and has made almost unanimously harmonious action among the physicians. One of the questions that have been brought up this afternoon, of the collection of dues, whether we should collect for the year only or the whole amount in arrears; that is the only thing that has come up to mar the working of the society. One member had been in arrears for some time, a member whose reputation as a physician was not the best at least. He went to the secretary and paid up all his back dues, after this scheme had been in vogue six or eight months, and then wanted his share of the divy that had been made. This is yet unsettled. It is still before the society for adjustment.

It would seem to me that in the rural districts especially, where they do not have hospitals or hospital facilities, or the county-poor physicians, or city-poor physicians, that a plan like this could be worked out and would bring into the membership of the state and county society at least every desirable physician in the county. It certainly can work no harm to any one. The county patient does not feel obliged to call upon one individual member, because he is the county physician. He can make his own selection of the physician, and it certainly is working out very harmoniously. A year is nearly up, and we are anxious, in Tuscola County, to continue the work for another year. That also has a good effect upon its membership.

Concerning the fees for life insurance examinations and for some of these other things it also has a good influence; they feel that if they do not live up to the rules of the society in regard to those things, that they stand a chance of losing their membership, which means something to them. The system, perhaps, is not exactly perfect; there are some members who get paid for work that they have not done during the year; others who have done work over and above the amount that they receive, but I think that, one year with another, we will average up, and we believe it a good plan in Tuscola County.

Under that plan I think the interest in the scientific part of the meeting has improved, and we have gone from four meetings to six meetings a year—or from once in three months to once in two months.

Dr. Perkins, Bay: Up to this year, the Bay County dues have been $3, but beginning with this year, in order to give us more money, we have increased the dues to those members in the county to $5 and those members from outside the county, either in Arenac or Iosco, who have to come to the meetings from outside, still pay $3. For lightening the duties of the secretary, in Bay County the dues are collected by the treasurer. He is also councilor of the district. I think it is quite successful, and we will have no more trouble in collecting the $5 fee than we did the $3 fee.

In regard to this plan of taking care of the indigent poor. I am glad to hear this report from Tuscola County, because just now in Bay County we are about to draw up a contract whereby the members of the county society will take care of the indigent poor in the same way as has been stated. At present the county has contracts with a number of physicians, four or five, who do the work in their districts for a certain sum. Our plan is to draw up a contract with the supervisors whereby the poor shall signify what physician they wish to attend them. They are to get an order from the supervisor and bring that to the physician, or else signify to that supervisor what physician they want to call, and have him call the physician. Just what amount will be fixed we have not yet decided, but those men, members of the society who have had this contract previous to this have signified their entire willingness to relinquish it to the society. The money that we receive, or that we expect to receive for the first year from these services, goes entirely into the treasury of the society, and if the plan works out as we hope it will, for the coming years, the money will be divided proportionately among the members of the society.

Chairman: I will call upon Dr. Kimball to close the discussion.

Dr. Kimball: I am very glad to hear Dr. Cope's suggestion in regard to the lecture. In line with that I might say that the plan which was suggested at Manistee in order to defray the expenses of the state meeting this year is also, we hope, going to be worked out, helping Calhoun to pay part of its expenses, and perhaps lessen the size of the dues for the year. By the reporting of contagious diseases to the Board of Health we collect 10c for each report, which we are endeavoring to collect for the members as a part of the county society fund. If we do that it will lessen our expenses greatly. The same plan can be adopted in any other county, because under the state law they are all entitled to get this 10c for each report.

Dr. Hirschman: How far back does that go?

Dr. Kimball: This year anyway. Another thing: Dr. Burr's question in regard to their not receiving the Journal, ought to bring some pressure to bear upon them, but it is surprising the number of men who are in delinquency who say they don't care two cents about the Journal and don't care to read it. Calhoun has a rather big proposition. Battle Creek Sanitarium located in Battle Creek comprises very nearly one-third the membership of the Calhoun County Medical Society. A number of the members who come in from Battle Creek are necessarily transient, so that while last year we had a membership of 81, at present we have a paid membership of 69 with the prospects of being able to collect from 10 more. The discrepancy is not entirely in the nonpayment of dues, but includes those who have since moved away, and who have unfortunately had to be placed upon our honorary roll, but we expect to collect from those ten. Last year, as I said, we had 81 members, and there was but one member in arrears included in the 81. He is still in arrears, I am sorry to say, but he promised faithfully that the dues would be paid before the first of December, and I think sooner; so that by personally meeting with the majority of those men we are able, without any friction whatever, to collect their dues, although it is not a pleasant proposition. However, Calhoun has been fortunate in the secretaries it has had, and they have been all interested in maintaining the membership of the society and keeping it at a high level, and the majority of them have not been afraid and have not shirked their duty in collecting the dues.

Dr. Burr's suggestion in regard to sight draft I think is practicable, provided the men who are delinquent will attend the meeting at which action is taken and agree that the sight draft be drawn upon them, but unfortunately those who are delinquents are liable to be absent from the meet-

ing. In Calhoun we were incorporated in 1906, and by our laws, each man, when he signs our constitution and accepts a certificate of membership in the society, becomes civilly liable for dues, as long as he holds his certificate. Upon the surrender of the certificate his membership ceases, but he is liable until he surrenders it. It can be collected through the courts, if necessary. I remember one instance last winter; I had written at least three letters to a certain member of several years who came in and allowed his membership to lapse through non-payment of dues, and then in 1906 rejoined. Last year his dues were not forthcoming. I wrote him at least three letters, and heard nothing. At last I wrote him and enclosed a 2c stamp for reply, hoping it might jog his memory. I got a letter right away. He returned mine, penciled at the top, saying he hoped I would rest easy. He enclosed the dues, so I rested easy. I met him at the next quarterly meeting and asked him if he would not like to leave his dues for the next year, and he said: "Doctor, I believe I will; it will save postage and correspondence."

It has been asked with regard to the method of reinstating delinquents. The policy adopted in Calhoun since the incorporation was that if a man who had been in good standing from an ethical and moral standpoint, had allowed his dues to lapse and wished to reinstate himself by the payment of dues, he was allowed to do so; however, he was given the privilege of applying for membership as an entirely new member, and filing his application for membership with the fee, as a new member. It has resulted in ridding us of some unwelcome members; because they once chose the route of coming as new members, so optimistic that they knew they could pass as they once had, and the fact that they owed us $12 to $18, as it happened, would be of no consequence to us and would be of some to them, and so they sent in their applications. They are not members now.

Dr. Inch's question in regard to the rate for membership properly belongs to Dr. Schenck; however, I have made it a practice in my remittance to Dr. Schenck in sending in new members, to send the rate in proportion to the time at which they apply, and I think a resolution was passed at the Saginaw meeting that any one applying for membership should pay only for the privilege of that portion of the year whose privileges he enjoys, which apply both to state and county. If I am in error, I hope Dr. Schenck will tell me so.

Dr. Hirschman seems to have sprung the best plan on us of any, making a man ineligible for the defense as maintained by his county society. I do not think there are any but would keep in good standing if they knew the lapse of their dues would compel them to fight their own battles. The Tuscola County proposition came up before the Calhoun County Society for consideration, but on account of the peculiar situation of the sanitarium resulted in its being tabled indefinitely.

(Regarding points concerning dues to state society, see page 580.)

Chairman: The suggestion has been made that we adjourn for ten minutes. If there is no objection, we will take a recess until five o'clock.

Chairman: Gentlemen, we will come to order again, and listen to the next paper, **"New Members and Attendance,"** by Dr. J. C. Johnson, Lenawee.

Dr. Johnson: Mr. President and Members of the Society—I see we are a little short of time, and I will give you only a few words.

The subject assigned to me is "New Members and Attendance." My idea of getting new members is to see the doctors personally, if you possibly can. Go right down to a man and talk to him. Tell him what you can do for him, and ask him what he can do for you. I usually try to point out to a man what has been done in the state in the matter of legislation; what has been done in other states. By that means, get your man in line, while he is looking for some benefit to himself. If you can get him interested in that, you have a little hold on him; then you can talk to him of what can be done in your county. There are few counties but have more or less quacks; it is necessary to take care of these people to a certain extent, and by going to an organization you can get some action on that man, and it is the only way you can do it. Also speak of the matter of financial benefit to him; the rate bill has come up; the matter of having a set fixed rate is a pretty hard matter to maintain. I will admit this, because we have been up against it and tried it out; but you can show a man this much, that he is a good practitioner, and ought to be a member of the society, which is one way of showing the people that he is trying to busy himself and give them the best service. Hence he can command more money for his services. A cheap man is never of much use in any place.

Now, then, another financial benefit to the man is this, the matter of a good fellowship between the different doctors. Time and time again you get stuck where you do an operation in your own town, or your own village, where, if you are not on good terms, you cannot get a consultation, and the patient is sent away to a large city. You lose the work, and possibly have for all time to come.

We aim to publish our meetings to the public, letting them know that we are the honest physicians, that we are doing the very best we can, and let them understand that the man who does not belong to the society gets into a rut and is not a good physician to employ. The better element of the people are taking to that idea, and it is bringing pretty nearly every man that we have in the county into the society.

To get the new members we try to show them what can be done in organization. We sent out some letters. I will read one that I sent out to those who are not members:

Dear Doctor: This is an age of organization. Great achievements today are made only through united effort and organized push. For centuries the profession of medicine has remained passive —(until civilization and human progress were rapidly gathering momentum); content with its scientific researches and its quiet and kindly ministering to human ills. It is only within the last few years that our profession has sought by an union of its forces to become a power that shall be felt in the betterment, the upbuilding and the breeding of the human race. Already we are being recognized as a factor in national progress and the day is not far distant when we shall see the establishment of a bureau of public health at the head of which shall be a physician who is a cabinet officer, who will sit in the counsels of our nation. This recognition will be gained through the influence of our national, state and county societies. We desire to strengthen our position all along the line. We want you to join us. We need your help and you need the good cheer and benefits that we can bring you. By becoming a member of the Lenawee County Medical Society you also become a member of the state society, and will receive the Journal of that society monthly which, in itself, is worth the amount of your dues. We hold our meetings monthly, and we enclose a year's program which as you see embraces many good papers and discussions by Lenawee physicians. A course in post-graduate work, clinical cases and reports, and besides we have the promise of papers and talks from many very able men from outside the county. Last, but not least, you will become acquainted with your professional brothers. Learn to know and value the friendship of many a man loyal and true who is fighting life's battle and enduring the hardships of the long night rides with a courage and fortitude equal to your own, who is with you shoulder to shoulder, keeping step to the music of duty's daily call. Come with us. Help us to make our organization strong and complete, and let us help you in the many good things we have in store intellectually and physically and socially.

Trusting that we may see you at our next meeting prepared to join with us in the work of the coming year, we are,

Fraternally yours,

O. N. Rice, President.
I. G. North, Vice President.
J. C. Johnson, Secretary.

We sent that to every registered physician in the county; we also sent him a copy of our year's program, which was made out for the year. That did bring us a good many new members, and by that means we have got our membership larger today than ever before in the county. Now when you have your membership, the question is to get the attendance. How are you going to get them out? My first theory is not to have meetings once in three or four or six months, at the call of the president, but I mean to have a set time for your meetings. In our own county we have them the second Tuesday of every month, and we find that by having them that way, we change the places and so on, but by having a regular time, the members can make their appointments, so that they can get to the meetings. We go to the different towns throughout the county. My city has about 12,000 and we have 27 physicians there. We have 75 physicians in the county, probably, doing regular practice. We make it a habit of going to each town practically every other time, if the railroad is convenient so that we can get to it; that means that we go to different places and get an enthusiasm started in each town, and thus are getting the members in good shape; then we try to arrange the meetings so that every member can be present. In arranging the work, we try to arrange so that every man has something to do. I always believe that you can get a man's interest, if you can make him work. To do that we simply strike off a circular, for each month; we publish that

on the first of the year. Each man's name is on there; it states when he comes in and what is the line of work he is to take up. We try and arrange so that the man has a subject that is perfectly congenial to him; if he happens to be a specialist, we try to arrange to have that kind of a paper. If it is a clinic, it is his duty to produce either the patient or give the history complete of a good clinical case. We very seldom fail to have it. I have had very little trouble this year in getting papers. Last year we had to go out and get this one and that one to give a paper. Now if you have good papers, you will have good attendance; if you have a dead meeting, you do not get the attendance a second time.

We usually take the trouble to get some man from outside of our own county occasionally.

As another method of getting the membership out, particularly in a place situated as we are, with quite a number located in a medium sized city, I want to suggest this: Don't put the member from the four corners of the county in the ice chest and think he doesn't know anything. Make him welcome, and sometimes he will tell you a whole lot that you in the city do not know. He has to do everything; has to be a specialist in every line, and has to use his gray matter and learn a lot of things which the city man doesn't know. Make that man welcome and you get him to come. It is only by getting good fellowship among the men that you get them to come.

We also try to encourage good clinical cases. There is nothing that gets the doctors to discussing more earnestly than a good clinical case. One case brings up another; it very often helps a man. We have a good many members who bring up descriptions of cases in which they were puzzled; they have gone away and said they were well pleased with the information they got. They come back the next time very much pleased that they were at the meeting before. By that it means that we have simply kept our members encouraged and are getting out our membership.

The local city in which we meet entertains all the members who come from outside the city; we put up a good banquet and we entertain them all. When they come in, they are just as free in our city and feel just as welcome as the men in our own city. At our annual meeting we always have a good attendance, and we don't forget the doctors' wives. When we have our banquet the doctors' wives are there, and they take a kindly interest in it. This has done much to stimulate general good feeling. We have not a bit of bickering in any of our profession in Lenawee County; except possibly in the case of one or two who are not regular practitioners, we have very little trouble. I want to say to you that these social features have done much towards bringing this about.

Chairman: The discussion will be opened by Dr. A. C. MacKinnon, of the O. M., C. O., R. O. Society.

Dr. MacKinnon: A suggestion is all that I have to offer. I can say of my society that I am sure that there are not more than three members who have ever read our constitution. The former secretary, myself, the present secretary for the past year, and the president, thought it a good plan that we should have our constitution printed so that we might hand it around to the membership. Since December the O. M., C. O, R. O. Medical Society has increased in membership from 15 to 23, and it has been due, I think, largely to the fact, as the doctor suggested in his paper, of personal solicitation. I think that nearly every one of the new members are men whom I have approached myself and spoken to on the benefits of the organized profession.

When Dr. Bulson spoke of a United Profession it filled me with a glow of warmth such as I have felt at different times during the meetings and met there men whom I have followed on the field of battle.

In our society we have a banquet at each meeting, and as we meet in a different town each time, there is a variety in the entertainment which has done much to promote good fellowship.

Dr. R. Grace Hendrick, Jackson: I think I am safe in saying that the most interesting feature in the Jackson County Medical Society for the past two years has been the post-graduate course and it has been the most effective in getting new members. It is difficult now to get them out to the afternoon quarterly meetings, and we see no way of changing it to an evening session, because of the out of town members. This is our bugbear, to get the out of town members to join. We have dropped our dues now to $4 for out of town members, and $5 for regular members. We hope to have them back to attend the post-graduate course.

Dr. Burnell, Genesee: It would be interesting to me if more of the secretaries reported whether

they are trying to carry on the post-graduate work. Only one has mentioned it. We in Genesee County have carried it on for three years. We have 75 active physicians, 55 of whom are members of our county society. In quarterly meetings we have an average attendance of 30; in post-graduate work an average attendance of 17. The meetings have brought the physicians into better feeling one with another. We have had many pleasant meetings in a social way and have received much benefit. I would be pleased to hear what other counties are doing in this matter.

Dr. Johnson: I might mention one little point to show you where the good fellowship comes in I am a little bit of a "scrapper." I had an argument with the Board of Health. They said they would not pay anything for health officer's work. I said they would. They sent me two notices to qualify as health officer, without any salary. They have not got my signature yet. They employed somebody else. I simply laid the matter before the doctors of the city, and every last one of them came right up and signed a paper saying they would not touch it, and I have got up a fee bill and submitted it to the Board of Health, and said, you will pay that or we will not do any work.

Chairman: The next paper is by Dr. C. S. Cope, of Ionia, **"What Can be Accomplished by Hustling."**

Dr. Cope: Mr. Chairman, Fellow Secretaries and Gentlemen—Our meeting is unique, the first to my knowledge when secretaries of County Medical Societies convened to consider the good of each society in particular and that of the State Society as subsidiary to this. The caption, "What can be done by hustling?" has a twentieth century street verbiage stamp, and those who suggested it were for the moment forgetful that the medical profession has no prerogative for hustling in the ordinary acceptance of the term. The medical man is supposed to be well balanced, well qualified, and always prepared for anything that comes within the lines of his work. That the records of the Ionia County Medical Society may be cause for the remark that "We have hustled some" may have been the incentive for the caption given me. What Ionia County has to show today is not a mushroom growth, nor is it the work of a few months. For over twenty years I have been working to this end, namely, the medical unification of Ionia County practictioners and methods. That the time has been long the years attest; that it has been a difficult task only those who assisted me in this work can tell. Conditions were peculiar when I first opened an office in Ionia and began talking about medical societies, a quarter of a century ago. There was no physician to extend the glad hand. To me was given a cool reception. For years my best endeavors were either discredited or "damned with faint praise." The schools were at swords points, and so were the regulars to each other. By living a consistent life, by conforming to the Golden Rule (the finest of all codes) I at first compelled respect and later acquaintance, and slowly, very slowly, grew in favor with men, especially with those of the household of Aesculapius. Always maintaining the medical society spirit, and early acquiring the medical society habit, (which is not a bad habit, but one that will take a doctor to every meeting), I did all that I could to foster this idea. There was at that time talk of resuscitating an organization known as the Union Medical Society of Northern Michigan. This was done, Ionia County being the most southern of the district that reached almost to the upper lakes. The attendance from my county was never large; for many years I was the only representative from my town and often the only one from the county. Our meetings were held quarterly, and, often but two or three, and sometimes only seven or eight doctors from the entire district would come to the meeting. It was then that some one whose faith would lessen and whose zeal would cool would move to disband. At such junctures I spoke for the continuance of the society, setting forth the plea that I was sure there were physicians who were confident of being present but had been unavoidably detained, and thus we clung together, and when the Union Medical Society of Northern Michigan finally died full of years and hoary with good works, it was only to arise again in the newer, better life of the county societies. Right here let me express my appreciation and admiration of the faithful few, the little coterie of devoted men who stood with and assisted me in this work; without their co-operation the effort would have failed. These furnished the nucleus about which has grown many flourishing societies. The good works of their past is the promise of the future.

When Doctor Leartus Connor came to us in 1902 with the county society plan, he found a well tilled soil in which to plant his ideas of county and state co-operation. By this time the

medical society idea had been talked about and worked up so that we started out with a good representation. Some who were with us at the beginning have passed from sight, "the destroyer of delights" having determined their destiny, and we mourn their loss. Some, a few, have temporarily fallen by the wayside. Many new names appear on the roster until at present we number every physician in the city and nearly every reputable physician in the county.

Now as to details. The first year was very successful. A reaction began in the second year and was quite pronounced during the third, due to the swinging backward of the pendulum, which is always noticeable in any new movement after the first flush of success. In 1905 I was asked to take the secretaryship, and this has been placed on me each returning year since, although I have sought to be relieved of this labor. Now you wish to know how I went to work to reanimate a dead society or one dormant from lack of proper exercise. In the first place letters were sent to every doctor not reachable by personal visitation; no long epistles; just a few lines calling attention to a coming meeting and inviting attendance and co-operation. These were repeated from time to time, as occasion demanded. Next, I always had prepared a tasty, inviting program and invitation, never twice alike. I consulted the printer and got him interested by telling him that I knew that he was an expert in the "art preservative" and that a program was desired that would be creditable showing of his handiwork, and one any doctor would be pleased to receive. I have with me several of those we have used and which are presented for your inspection. The idea of sameness and imitation is not always the best. Did you ever notice how our State Journal copies in form and feature the Journal of the A. M. A. Looks as much like it as does the little boy whose coat and trousers are cut just like his father's. Funny, isn't it, when you come to think of it? This may be all right but savors of "same old thing" and "dry as dust." I think that the reason that Abbott's paper, the American Journal of Clinical Medicine, has won its way so closely to the hearts of the doctors is that it does not sleep under the same covers summer and winter—"Verbum sat sapienti." You will notice that we carry on the front page of our program a substantial Ionic column. Our cognomen is of Greek origin, the county having been named for those classic lands of Asia Minor indented by the eastern border of the Ionia seas. You will notice that the lettering about the column is of the modern Greek alphabet. In this column is typified at once our origin, our staying qualities and our aspirations. In the preparation of our programs we aim to make a change each time in paper, type, arrangement, verbiage, etc. These are little things, but all help to attract and hold attention and at the same time to stamp us as of the patrician order. In our meetings we avoid stilted parliamentary sittings. A call to order, official reports, short discussions and immediate attention to business. The reading of papers and presentation of clinics with bright, crisp, brief discussion; no time is allowed to drag. When the work is over there is a general good time in visiting. One good paper, well discussed and followed by an hour or more in social intercourse, is worth many long drawn out efforts that are not worth while. One capital idea Doctor Connor left with us and that was the strong presentation of the social side of the medical society, emphasized by banquets. Ionia being the medical center of nearly the entire county, the doctors decided to make this the permanent place of meeting with occasional meetings at other points. The Ionia physicians said, "Send out your invitations and programs to every doctor in the county; tell them to come here and we will furnish the entertainment" for they said: "It is cheaper for us to entertain them than it is for us to leave our business and go to some other place even if we do get entertainment," which they often did when the boys at Belding and Portland were our hosts and provided for us right royally. The instruction given me was to arrange with the best hotel to put up a first class banquet, and when it was over the local physicians were assessed pro rata per plate. This scheme worked out well, and never failed to secure a good meeting and full attendance. We planned an afternoon and evening session with the banquet at 6:30 p. m. betweeen. After a thorough trial I can say that the banquet and smoker will do more to get the doctors together than anything of which I know. With us it has broken down all barriers of "ism" and "pathy" and we are content to meet as doctors only and not as the only doctors. We follow the teachings of Ruskin when he says, "When we allow our minds to dwell upon the points in which we differ from other people, we are wrong and in the power of the adversary—that is the essence of the Pharisee's prayer, 'Lord, I thank Thee that I am not as other men are." At every moment of our lives we should be try-

ing to find out not in what we differ from other people but in what we agree with them, and the moment we find we can agree as to anything that should be done, kind or good (and who but fools couldn't?) then do it. Push at it together. You can't quarrel in a side by side push, but the moment that even the best men stop pushing and begin talking, they mistake their pugnacity for piety and it is all over. The Ionia County Medical Society has decreed perpetual amity. The "Homeop" or the Eclectic is as welcome to stretch his legs under our mahogany, partake of our banquets, and smoke our cigars, as is the most dyed in the wool regular; and he is not loth to come, but is found at all our meetings, and we have made the discovery that he is as wise, and witty as the best; that he is a lovable and companionable man, a royal good fellow; we like him and he likes us, and so we grow, having good times among ourselves and finding approval among all the people. In a recent number of the Michigan State Journal is a paper giving at length what our society has done in setting to rights some things needful for correction. Among others a new fee bill, copies of which are presented for your consideration. This was an innovation, and like all new things on trial, has been subjected to the severest criticism, but after a year's crucial test comes forth established and justified. Some have faltered because of "cold feet" but the great majority have remained steadfast reaping a rich reward and have succeeded in impressing this fact on the minds of their patrons, that their services are worth all that the new charges call for.

To you who have not tried the entertainment idea I would suggest that in county seats and larger towns you get together and map out a plan of campaign. Write to all the doctors, especially those living remote, to come to the meeting. Inform them that their entertainment will be provided for, and do it in such a way that they will gladly respond. Tell them to drive to Hayfield's barn and leave the team, and go at once to the best hotel. Instruct Hayfield to have a man on the lookout for the doctor's team and give it the best of care. Arrange with the hotel proprietor to look to the comfort of the doctor on his arrival. Have also a committee to meet all trains and to escort visiting members to the hotel. Detail someone to act as host whose duty it shall be to welcome all, look after their comfort and entertainment, and to see that all are made acquainted. With stains of travel removed, a good cigar and an easy chair, a pleasant room, an introduction to physicians and the renewal of old acquaintances, give a taste of luxury a tired man appreciates. Now follow this with a session of your society, a banquet and post-prandial speeches, and he must be indeed a very dull person who will not thaw out under the sunshine of such geniality. During this the secretary must be alert and active, saying the "kindest things in the kindest way," and before that doctor leaves the meeting that night his name will have been proposed for membership. He will have paid his dues, been voted in and carry home with him the resolution to be at every coming meeting and to add all he can to the growth and interest of the society. You may think that the cost would be greater than a few willing hands could bear, but it will not be. Country physicians cannot all come at one time, no matter how much they may wish to. Say you have in your county 50 physicians with a membership of 35 or 40, you will hardly ever get a meeting where an average of 15 will be exceeded. Let us say you have a dozen doctors in your town who are members of the society. Now you can arrange with the livery barn keeper and the hotel proprietor for special rates. These will furnish the best entertainment and when the cost is all assessed and paid you will find that your expense will not exceed $1.00 per plate. In doing this you will have been at liberty to give attention to your business; you do not have to go from home to attend medical meetings and be paying out money for railway and other expenses. You will be partakers of the banquet, and of the fun, and of all the mental uplift of the meeting, and yet have the consciousness of having made a pleasant time for the other boys. You get a good, and a glow, out of this that is indescribable. Let me read from the vision of Sir Launfel by Lowell: "The Holy Supper is kept indeed In whatso we share with another's need, Not what we give, But what we share, For the Gift without the Giver is bare. Who giveth himself with his gift feeds three—Himself, his hungering neighbor and me."

On the secretary necessarily falls the carrying out of details, and unless he is self-sacrificing and willing to do all the work, he had best not seek the office, for without these necessary qualifications he will be a failure. The secretary must see that all bearings are well oiled or the machinery will be troubled with hot boxes. Be ever ready to spring pleasant surprises on the society. In-

corporate in your minutes pen pictures of men who have practiced in your locality, depict the salient points of character, contrast the work they did and the obstacles they overcame with those you have to contend with. Touch up the historic or geologic features of your locality, call attention to the wanton destruction of bird life, and the increasing abundance of insect pests. Discuss meteoric conditions and aerial navigation, anything to break the eternal long facedness of an old fashioned "Hark from the tombs" medical meeting. These interjected remarks of yours may be only a few well written lines, within whose meshes will be found seed thoughts prepared for germination. The secretary must himself be always ready to furnish a paper in case of failure of others, but must never appear on the program unless to fill a vacancy. He must ever have up his sleeve enough winning cards to make the game very interesting. If you are not willing to do all this, and more, you had best follow the warning placarded on buildings in process of erection, "No trespassing; Enter at your own risk. Keep out." Accepting the work of the secretary you must be "wise as serpents and harmless as doves." Diplomacy must be yours to the extent of your ability. This has been defined by a wag to be "the science of lying politely," and while this rendering may be at once comprehensive and explicit, it is still possible to acquire the proper "touch and go" without sin. Dealing with the individual membership, seek to bring forward the bashful and reticent; restrain the officious and self-seeking, and encourage growth and development. Be all things to all men that you may win all, is a good motto. "Be to their faults a little blind,

And to their virtues very kind."

We meet tonight on historic ground. Lands which have passed in possession through the hands of no less than three of the greatest dynasties of Europe. Spain, France, England and the Colonies, in succession battled for the country over which now floats in proud ascendancy, the thirteen barred banner of America, from out the folds of whose cerulean matrix, in time, perfected fullness, with nativity transcending that of King or Queen, was born each star of state. Prior to white occupancy the Saux, the Huron and the Iroquois lighted here their council fires. Into the virgin wilderness came the French chevalier resplendent in all the glory of costumes of the glittering court of Louis XIV. By the shores of this river the black robed priest erected the crucifix, and here was established the outposts of European civilization. Here passed in fantastic garb Canadian voyageur, and Courier du Bois. Here Pontiac planned the destruction of the whites, and here was demonstrated the tenacity of English purpose and the superiority of Anglo-Saxon blood. Here Lewis Cass and Mad Anthony Wayne completed the final overthrow of the red man and established a line of demarcation at once the orientation of democracy and the delimitation of monarchial sway. Following the Indian treaties came the missionaries; those men who blaze the trails, and make easy the roads for the feet of civilization to tread. Like four green willows planted in moist soil, were the four men who gave bent and trend to thought in that early day. With John Montieth, the Methodist; Father Richard, the Catholic; O. C. Thompson, the Presbyterian, and John D. Pierson, the Congregationalist, Michigan began her scheme of scholarly instruction and religious teaching that gave us the Catholepistemiad of Michigania and buttressed strongly the foundations of universal education and religious toleration. In this city lived Dr. Pitcher, who evolved the idea of the common school as we now have it, of the people, for the people and by the people, and here our esteemed contemporary, Dr. Leartus Connor, thought out a plan of county, state and national medical federalization. It is a high privilege we this day enjoy. In all the glory of the accomplishments of the 20th century, we are called from every section of this vast commonwealth. Raised up for the purpose of deliberating on those things that shall up-lift the medical profession and carry it forward to wider fields of usefulness. Many of the notable events passed briefly in review have been of warfare and of conquest. In a time of profound peace we come together to discuss those things that shall make for peace and the perpetuation of peace. Not but that we too are warriors, of that soldiery enlisted for life, who camp all night in the enemies' country, and without food or drink or sleep if need be, keep watch and ward over the destinies of men, conserving life, mitigating pain, restoring lost function, cause the blind to see, the deaf to hear, the lame to walk, make possible the existence of white men in all latitudes and add years of usefulness to the tenure of human life by our teaching on hygiene, prophylaxis and therapy.

We as secretaries of county medical societies are closely representative of that great body of our confréres who are in the ordinary or general

practice of medicine. The man to whom the county medical society most appeals and whom it is designed to benefit is the country doctor. To him we reach out our hands, 'tis he we desire to help. In his long, lonely rides out under the stars, of what does he think? We cannot by telepathy or wireless message reach him, but by means of the county medical society, we are able to furnish a capstan about which he may cast the long rope of the anchor of his soul, and around this he can lay coil upon coil, the ripened fruits of a mentality that else must waste itself in nothingness or perish by decay. It is to reach him, to bring forth the best that is in him, and to do this in such a way that he shall feel exalted in the process that the society and the secretary must bend every effort. This is no boys' play. It will weary you, tax your ingenuity to the utmost, but you will reap a glorious harvest if you are faithful to the trust given you. By living apart the country doctor loses the touch needed to keep him up to concert pitch. Your society is designed to supply this contact and the talent of the secretary will be severely tried to accomplish this, but it can all be so tactfully done that the recipient will not only be thankful to you for your personal interest in him, but will in return bring to your counsels rich treasures of thought and experience, and while this is accomplishing, help to make of one brotherhood all practitioners and advance the status of the whole society.

The country doctor meditates as does no other man. He of all practitioners realizes most keenly that in his fingers are the fateful threads of life and death. His work is one of salvation, of construction, of defense. He is at once a thinker and a doer.

> Though 'round his feet,
> The cares of life
> Continually be spread,
> The sunshine of ennobling thought
> Rests ever on his head.

Chairman: The discussion on Dr. Cope's paper will be opened by Dr. A. H. Burleson, Eaton.

Dr. Burleson: I, as a country doctor, want to thank several men here this afternoon for the compliments I have received as a country doctor. We appreciate them very much. We appreciate that the work we have to do, every man in the city has to do. I feel that the expression in the last paper is true, that it is a glorious privilege that we have at the present time, of reviewing the work of our predecessors and listening to these papers. We can learn from them. I myself have gotten much from them this afternoon. There is a statement abroad that, as is the county secretary, so will the society be. I wish that statement was not abroad. I have worked thoroughly, and our society is composed of as good men as there are, I am satisfied, but to get them out to a society meeting I am almost unable.

Calhoun county at the time when the county societies were brought into their present form and efficiency, as units and individual parts of the state and national society, had as its secretary the present secretary of the council. I can find no more interesting example of the beneficial results of hustling to promote both the county and state societies than this.

Dr. Haughey worked faithfully to overcome the inertia of the older members of the profession and the stubbornness of some of the younger. He was persistent in bringing the reform before the county society and in arguing for the change. He did this even to the extent of arousing some ill-will. These same members, however, are at present enthusiastic workers under the present regime. He always pushed his work and usually accomplished his purpose. Largely as a result of his effort Calhoun society is one of the most wideawake of any with which I am acquainted. Of course he was ably assisted by such men as Drs. Alvord, Hafford and others in the county.

It is difficult to specify any of the methods used to make the above mentioned society what it is, but in a general way it was and is done by persistent hard work. To get the best results in a county society, it seems to me to be absolutely necessary to have several men in the society who are more or less independent of their practice, who may be called upon by the secretary to do extra work.

The almost universal rule that one can oftener get help from the busy than from another not so busy, is not absolutely true in our profession. Many of us are willing and ready to do extra work, when it can be done at the office or at odd moments, but who cannot leave our work or take a day or two off too frequently.

Especially is this true of the country practitioner who lives several miles from a railroad and who must perhaps lose 18 or 20 hours to take part in a few hours' session. For these I know of no better way than to have a synopsis of the papers prepared and sent to each individ-

ual member (as is always done in the published programs of the state society).

The past year we have made the programs of the Eaton county society very interesting by making each meeting public and inviting every one to be present. We have had dentists, school teachers, preachers and lawyers take part, and I am prepared to admit that the most interesting as well as instructive papers were not always rendered by the doctors.

I fear the suggestion of Dr. McCormack of having regular meetings held in various cities and villages to discuss topics of interest to the profession was not acted upon in our county. I am convinced that our members are fully up to the times, but it is not manifested in this way.

The question of banquets for the society, at intervals, is intimately related with a thought suggested above. Many of us think we have done our full duty by attending the literary meetings and working in and for it.

We think we cannot take the time and trouble (to call riding home across country ten miles, perhaps in a storm, by no harsher name) to spend several hours more time on a pleasure trip. It is easy for those who live on a railroad, but a long drive is another matter.

We have had much trouble in Eaton county in keeping a respectable percentage of the profession in the society. Our meetings and papers are interesting, but we are unable to get the members out.

A printed program is sent to each practitioner, but very few pay any attention to it. I have today received a number of hints which I trust will be beneficial to our society.

Chairman: The secretary has a letter which he will read to you.

Secretary Inch:

SCOTLAND, PA., Sept. 23, 1908.

Drs. Schenck, Inch and Warnshuis, and Michigan State Medical Society's County Secretaries' Association:

The Conference of County Secretaries of the State Medical Society of Pennsylvania herewith sends greetings and compliments to Michigan State Medical Society's County Secretaries' Association in their first annual meeting. We have just held our third annual meeting at Cambridge Springs, Pa. We hope to exert much good for better organization, social and economic relations, of the profession of our state.

Sincerely,

H. W. GASS, President.
JOHN J. COFFMAN, Secretary.

Dr. Bower: I move that the greetings of this society be tendered to the society in Pennsylvania.

Supported and carried.

Drs. A. S. Kimball, Calhoun, and C. S. Cope, Ionia, were appointed a committee to draft a constitution, after which the meeting adjourned to the dining room.

At eight o'clock the meeting was called to order and Dr. B. R. Schenck, state secretary, read a paper on **"The Michigan State Medical Society—What, When, Where, Why and How It Is."**

Dr. Schenck: I have selected the title "The Michigan State Medical Society—What, When, Where, Why and How It Is," in order that I may bring before you various phases of the work of medical organization in our state. It is entirely without the intended scope of my remarks to dwell at any great length upon the necessity or the advantages of organization, or to deliver an oration upon the strength and greatness of our society. These things are well known to you. Rather is it my idea to bring before you, the active toilers in this important work, my conception of the relation of the county societies to the state society and thus answer the questions *what, when* and *where* the state society is; to epitomize the objects of the state society under the caption, *why* it is; to touch upon many points bearing upon the relations of you, the county secretaries, and myself, the state secretary, and to attempt to give you some knowledge of the bookkeeping, record making and journal editing under the heading, *how* it is.

What it is. To those who have watched the development of medical organization during the past ten years, there is more and more apparent the growth of the idea that the center of what Dr. Leartus Connor has called the "Communal Life of Physicians" is the county society. It is to the local organization that the individual physician owes his first allegiance. If the local organizations are supported and built up into what they are possible of becoming, there may be no fears as to the prosperity of the state or the national organizations. The state organization

as conceived by the men who have given the subject the most thought, is but the aggregation of the county societies' activities. It is but the sum total of effort and achievement as manifested in the local organizations. The influence of the state society is often great, for it acts *en masse*, as it were, but compare for a moment, its influence, meeting as it does but once a year and having in attendance never more than one-fourth of its membership, with that vast influence which is exerted by our 55 active county societies, meeting weekly, bi-weekly, monthly, bi-monthly, or quarterly. There are scheduled for the counties of this state during the coming year, 392 different meetings, with an attendance which I have very conservatively estimated as 7,250. What a magnificent showing of kindly feeling, earnest helpfulness, good cheer and good fellowship this means! If then the county unit is the important factor in medical communal life, what is the state society—as before cited, looking at it in its broader sense, it *is* this aggregate of 7,250 in attendance at 392 branch meetings. It is the great centripetal force which binds these 55 units together, striving to keep them working in harmony, supplying ideas, new motives and new ideals. Tuscola works out a new idea not only for itself, but for Jackson and for Genesee and for Marquette as well. Kent takes up new activities, they are made known through the councilors or through the pages of the Journal—i. e., through the channels of the state organization—to Kalamazoo, to Muskegon, and to Houghton. When Wayne works out a successful scheme for medical defense, does she do it for herself alone? Does she not rather do it as well for the state society—meaning every other county in the state? Does she not do it—her small share—as well for the whole profession of America as reached through the American Medical Association of which Wayne is an integral part? It is the conception of the state society as merely a body of men which meets yearly for a two-day session of scientific and social intercourse and lying dormant between whiles; it is this old conception which I wish to combat. And right here, let us look for a moment at our relations with the American Medical Association. Despite the half dozen or more years since the American Medical Association broadened its scope, despite the constant attempts at explanation and re-explanation which have been made, there are still many who fail to grasp this idea of unit organization, and still look upon the national society as active but once a year, at its meeting at Chicago, Atlantic City, or elsewhere, as a society to belong to which is an honor. It is *no* honor to belong to the American Medical Association. Honorable is it rather to belong to the county society, where one is elected by those who know his true worth and character, again demonstrating the paramount importance of the county society. I hope to live to see the time when the question of dues will be eliminated and every member of every county society will be *ipso facto* a member of the American Medical Association, as he is now of the state society.

Think then of our state society as existing every day in the 365, think of your own county society—be it small or large—as part of this greater organization—think of your activities, your struggles and your successes as a part of the activities, struggles and successes of the larger society, and you will have what I believe is the true conception of *what* the state society is, *where* it is and *when* it is.

We cannot better answer the question, *Why the state society is*, than by quoting from Article II. of our Constitution. Listen while I read it:

ARTICLE II.—PURPOSE OF THE SOCIETY.

The purpose of this society shall be to federate and to bring into one compact organization the entire medical profession of the State of Michigan and to unite with similar societies in other states to form the American Medical Association; with a view to the extension of medical knowledge, and to the advancement of medical science; to the elevation of the standard of medical education, and to the enactment and enforcement of just medical laws; to the promotion of friendly intercourse among physicians, and to the guarding and fostering of their material interests; and to the enlightenment and direction of public opinion in regard to the great problems of state medicine; so that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life.

We have now been practically six years under this constitution. Let us see how well we have succeeded in carrying out these noble motives as expressed in the paragraph just read.

(*a*) Note—"The purpose of this society shall

be to bring into one compact organization the entire medical profession of the State of Michigan." What progress have we made?

When the first edition of the A. M. A. directory was being prepared, lists were made of all the physicians arranged by counties. Before the galleys were broken up for the arrangement by cities and towns, proofs were taken and these were most valuable, as they afforded us the first county lists which we have had. There are certain errors in the preliminary lists, but on the whole they are fairly correct.

Basing our figures on these lists we find that there are in the state 4,202 physicians. Last year we had 1,975 paid members in the state society, or 47 per cent. The number 4,202 must be understood as including all the legally registered physicians. It includes many who are not in practice and who are not desirable. It must be discounted probably 25 to 35 per cent, making the probable number of physicians eligible to membership about 3,100, of which we have 63 per cent.

The growth in our membership since reorganization was at first rapid, jumping from 600 to almost 1,600 in the first two years. Since 1904, the paid membership has steadily but slowly increased. In 1906 it was 1,873, and in 1907, 1,975. The question arises, are we doing all we can and should to bring into one compact organization the entire medical profession of the State of Michigan? It seems to me that we ought to have at least 500 more members. A man who has been a member ought never to be dropped because of retirement on account of age. If he has been worthy, he should be made an honorary member. Such action will do him good and the society good. A few societies have practically every eligible man enrolled, but especially in the larger counties, there is an opportunity for missionary work. If each county secretary would prepare a list of eligibles, submit it at some meeting, apportion the names on the list among the members, asking them to invite them personally and hand out an application blank, much, it seems to me, might be accomplished. The office of the state secretary will be glad to send copies of the Journal and other literature to any whose names are sent in.

(*b*) A second purpose of our organization is to extend medical knowledge and advance medical science. I firmly believe that we are doing so. If you need to be convinced, look over the original articles published in the Journal when it was established six years ago and compare them with those published today. I had no idea of the vast improvement until I put it to the test.

(*c*) We are pledged to elevate the standard of medical education. As part of the great American Medical Association, we are doing much in this direction. Ten years more of effort will put the medical schools of this country where we all wish to see them, and not a little of the credit will be due to our Council on Medical Education, encouraging which and backing which is every county medical society in this state.

In a broader and truer sense medical education has just begun when the young doctor of medicine leaves his alma mater, and it is in the county medical society that he continues his study, rounds out his knowledge and keeps abreast of the new things in his life's work. The county medical society—the one with a secretary who sees to it that the meetings are what they should be—is the greatest factor in the advancement of medical education which has ever been conceived. Are you doing all you can to supply this need?

(*d*) We are also enjoined to promote friendly intercourse among physicians and to guard and foster their material interests. The social features of a local society are second only to the scientific. In some counties the social features have been developed to their full extent; in others they are almost entirely lacking. I have observed that it is in the former counties that there is less strife, less wrangling, and less back-biting. The possibilities in the line of guarding and fostering the material interests of the profession are great—an hour might easily be filled in discussing them. The matter of collections, the question of county poor work, the problem of contract practice, the setting of fees for insurance examinations, the pooling of interests in regard to journal subscriptions and book buying, these are some of the live, active questions. The possibilities are almost infinite. We have just begun to see them, let alone carrying them out. It will take time to work them over and make them realities. Some questions, like that of contract practice, can only be handled by a slow, persistent campaign of education. Our recent state committee on contract practice accomplished perhaps but little, yet it set the profession in many places to talking about it, and gradually the sentiment against certain forms is growing. Next year it should be taken up again. We felt that we should have some compensation for the

registration of births. We went out for it and we have it. Small as is the fee, it is sufficient to pay all the expenses of the county societies in this state—certainly the dues of every doctor engaged in general practice. If you do not already know about it, ask the representatives of Tuscola county or the Tri-County society to tell you how they solved the question of county poor work.

In no way, it is certain, can the material interests of the profession be enhanced, except through organization and the *esprit de corps* of the live county society.

(*e*) And lastly we are to enlighten and direct public opinion in regard to the great problems of state medicine. Are we doing so? Yes, in spots. Why has the Kent county society come to be looked upon as a leader in questions of public welfare? Because it has a few members who are willing to work. What has been done in Kent can be done in Wayne, in Saginaw, in Bay, in Kalamazoo and in other counties having within their borders the larger cities.

We have done much, yet every year opportunities are being wasted. If they were but grasped we would find the "profession becoming more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life."

These are some of the reasons *why* the state society is.

Under the caption, *How the state society is,* I want to bring up a number of points regarding your work and mine.

Membership. It is often asked, can a physician be a member of the county society and not of the state, or of the state and not of the county? Active membership cannot be held in one without the other. Some county societies have provision for associate membership open to druggists, chemists, dentists, etc. Such are not members of the state society and should pay no state dues. The state society can and does elect honorary members from those who have practiced medicine not less than thirty years and have been active members in good standing for at least ten years. Such may later drop out of their local organizations, but should be made honorary members there also. Can a physician live in one county and belong to another county society? If on account of convenience in attending meetings this is desired, it is allowable, but a man who is considered undesirable in one county should not be elected in another. The councilor of the district should decide such questions.

Removals. When a member removes to another county, a transfer card should be granted. If the secretary hears of the removal it is a nice little courtesy to send such a transfer without request. All transfers as well as resignations and deaths should be sent to the state secretary at once. Often the first notice which we have of a death or a removal comes from the postmaster in notification of the non-delivery of the Journal. Now and then a notice comes marked "Died six months ago." Ought not the secretary to have sufficient regard for one of his dead colleagues to send a little obituary notice to the Journal—or at least a notification on a postal card?

Another question often asked is, "Suppose a member pays in 1905 and not in 1906 or 1907, must he pay up back dues in order to become an active member? He must either do so or come in as a new member, being proposed, investigated and elected in the ordinary way. If he pays back dues, the state's portion should be remitted. A physician is elected in September, must he pay $2.00 for the rest of the current year? The fiscal year of the state society is from January 1st to December 31st. A new member coming in after July 1st and before the annual meeting of the county society (which in most societies occurs in the fall), should pay $1.00 state dues to be credited until December 31st. If he is elected at the annual meeting, his dues are accepted as extending until December 31st of the following year.

The method of bookkeeping in the office of the state society is as follows: Two sets of cards are employed. One set is blue and contains the names, addresses and county society of the members. These cards are arranged alphabetically by name and serve as an index to the white cards. The white cards contain spaces for name, address, society, date of graduation, remarks, and payments up to 1920. These are arranged by county societies. A card is never destroyed. If the member dies, resigns or moves, it is so noted and the card is placed behind a blue dividing card which separates the active from the sometime members. In ten years this system will develop into a mass of valuable information. You are familiar with the certificate which is sent. Originally it was designed that these certificates signed in blank should be in the hands of the county secretary, the idea being that he should fill out both certificates and stub, giving the former to the member and sending the latter

with the $2.00 to the state secretary for receipting. This would be the ideal arrangement, but we have had so many instances where members have had a receipt signed by the state secretary and treasurer, while we had no record of the $2.00, that it seemed necessary to issue the certificates from the office of the state society. This was done to avoid the very unpleasant task of writing a county secretary that "Dr. Jones has our receipt for 1908 dues. Have you our receipted stub or have you neglected to send the money?" By the present method if there is a mistake in a receipt, it is our mistake.

Each month a list of changes in membership is forwarded to the American Medical Association. This is one reason why county secretaries should be absolutely prompt in forwarding new names or resignations. Every month Dr. Green writes me to the effect that "Dr. So-and-So of Here-and-There, has applied for membership in the American Medical Association as a member of Such-and-Such a county society. His name does not appear on your certified lists." It may have come in during the month, in which case it is immediately reported on a separate blank. More than likely it has not come in. We must write to the county secretary who must write back (after a week's delay), and then we must write to Dr. Green. In the meantime Dr. So-and-So conceives the idea that he is not over acceptable to the American Medical Association and writes Dr. Green or myself wanting to know if he isn't ethical or why he isn't eligible to the A. M. A. We write him as polite a letter of explanation as we can couch and he writes back, "To the dickens with the red tape of medical organization," or strains to that effect. And it is all so easy. There isn't any red tape. It is automatic, but like all automatons its smooth working depends upon every wheel being in working order, of which wheels the county secretary is the most important.

One of the most difficult tasks of the state office is to keep up the membership. At the present moment there are 300 who have not paid for 1908. On September 1st, we sent a letter on a special blank to each county secretary with a list of those who paid for 1907 and who had not paid for 1908. It is especially noted on this blank—"please return promptly with notes as to resignations, removals, deaths and possible errors." How many do you suppose have come back? Twenty-two out of 55. On nearly all returned are notes of resignations, removals, and deaths—the first notice to that effect which we have had. In a few instances, misspelled names have been noted. In one instance failure to credit dues was found. On October 1st, individual notices will be sent delinquents. In this way we will get in 200 of the 300 unpaid members. Each year about 100 fail to pay, despite strenuous efforts. The postoffice authorities have ruled that hereafter a periodical can be sent but four months unless paid for in advance. If we take all delinquents off our mailing list in May it will mean a great deal of confusion, for dues will come in in July, in August, and in September, with requests for back numbers, some of which will be out of print. Will you not therefore make a strenuous effort to get in 1909 dues early?

Our Journal. I often wonder what percentage of our circulation goes into the waste basket, envelope and all. Perhaps we write a little editorial asking the county secretaries to respond as to what they think of having a meeting such as this. This is read (or isn't it?) by 55 county secretaries; one poor lone answer comes creeping in from the western part of the state, but that makes up in enthusiasm for the absence of the other fifty-four. I sometimes wonder if anybody reads what we write and ponder as to the use of so much work. Then along comes a letter from some out-of-the-way place commending this feature or that, or from the author of a book saying that our notice is the fairest which he has yet seen, or a dozen replies come from some want "ad," or a request is received for more information about a subject noted in the abstract department, or an objection comes from some one who has read his own death notice, then I begin to take heart and surmise that perhaps, after all, the Journal is read by quite a number of those who receive it. But the unvarnished truth is that our Journal is not as good as it should be and not as interesting as it might be. With the original articles I have no fault to find. They are as good as the talent of the state can produce, and it is not the function of our state Journal to seek original articles elsewhere. Each year they are being more and more abstracted by our exchanges, a sign that they are steadily improving. Our editorials may be poorly written, but I believe they are, for the most part, timely, for much thought is given to present, even ever so poorly, topics which are seasonable. Our book reviews have been recognized as the best among the small journals, in

proof of which we are overwhelmed with books for review from the various publishers. You may have noticed that most reviews are commendatory. This is because no notice is made of the poor books, unless they are so bad as to deserve harsh criticism. Our reports of county societies are good as far as they go. Our news columns are atrocious. Our abstracts, about the utility of which there is a wide diversity of opinion, are carefully made by good men. Some consider them too scientific; some too trivial. They are probably as good as the space given up to them will allow. On the whole, Michigan has not the worst as it has not the best state journal. It has as good as any of the states having an equal membership. Such is my candid opinion of our Journal.

But why is it not better? Why is it not more interesting to the average reader? The former editors, Drs. Biddle and Connor, set the Journal on a high plane when it was founded, and Dr. Oakman and I have striven to maintain both its tone and its dignity. We are proud to say that a medical rhyme, a medical joke, or the pseudo-humorous medical article which pervades the pages of many of the smaller journals, and not a few of those controlled by the state societies, have never soiled its pages. We are working hard to make it better. Much time is spent in editing the original articles and in reading the proof. Errors occur. Ninety per cent of them, however, are errors which come into the page proof as the result of the correction of another error in the same line. With machine work this is inevitable unless the proof is read a third time, often meaning the delay of 24 or 36 hours, and always meaning the expenditure of considerable time and labor.

The Journal is not more interesting because it has not sufficient local news. If each one of these 392 meetings mentioned were fully reported by the secretaries, it would not be three months before 90 per cent of those receiving the Journal would watch for it and read it eagerly. If we had news columns such as might result from 55 secretaries sending in monthly notes, we would not need to blush for that department. Every man likes the sensation of seeing his name in print. If he thinks his discussion on some topic is to appear in the next month's Journal, he will watch for it and he will read it. But we cannot have these reports unless they are sent, and we cannot fill the news columns without news. Will you, who are here today, not make, this moment, a solemn vow to have your society well represented in the Journal during the coming winter?

In conclusion I want to urge upon you the necessity of giving to your county society constant thought. There are opportunities in every community. Someone must take the initiative, someone must do the work, and someone must bear the criticism. The county secretary is the one. The state society is but the aggregate of the county organizations. Its strength depends upon the strength of its individual units. If we all work together, we can and we will accomplish results such as have heretofore been but dreams.

Dr. Frederick R. Green, of Chicago, assistant to the secretary of the American Medical Association, gave a most interesting and valuable talk on "Unity in Medical Organization," in which he set forth the work which the A. M. A. is endeavoring to do through the county societies.

The committee appointed to arrange a constitution reported the following, which was adopted:

ARTICLE I.

This organization shall be known as the Association of County Secretaries of the Michigan State Medical Society.

ARTICLE II.

The purpose of this association shall be to bring together annually, the secretaries of the various county societies of Michigan to discuss plans for maintaining and furthering the organization.

ARTICLE III.

The place of meeting of this association shall be in the City of Detroit, or such other place as may be chosen by the association in regular session.

ARTICLE IV.

The time of meeting of this association shall be the same as that of the Council in January, or such other time as the association may decide in regular session.

ARTICLE V.

The membership of this association shall be composed of all the secretaries of the county medical societies of the Michigan State Medical Society.

ARTICLE VI.

The executive officers and the Councilors of the Michigan State Medical Society shall be honorary members of this association.

ARTICLE VII.

The officers of this association shall be a president, vice-president, and secretary, who shall be elected annually by ballot.

ARTICLE VIII.

Amendments to this constitution may be made by a majority vote of members present in any regular session.

Officers were elected as follows: President, F. C. Warnshuis, Kent; vice-president, A. S. Kimball, Calhoun; secretary, G. F. Inch, Kalamazoo Academy of Medicine.

News

Dr. Henry M. Cunningham of Marquette has returned from abroad.

Dr. and Mrs. H. J. Hornbogen of Marquette have sailed for Europe.

Dr. Max Ballin of Detroit has returned from a month's absence in Europe. A complimentary dinner was tendered him by a few of his colleagues.

The tuberculosis agitation has resulted in Kalamazoo raising $700.00, by means of a "Blue Star" day for public donations, and a tent colony has been established in the suburbs for advanced cases.

Drs. Lester J. Harris and Frank J. Gibson have been appointed to the medical staff of the White Cross Sanitarium, Jackson.

The Michigan exhibit at the Congress on Tuberculosis, recently held in Washington, was so excellent as to elicit a request from the Anti-Tuberculosis Society of New York to borrow it for exhibition in that city.

Dr. Roy E. Cuthbertson of Orchard Lake has been appointed to the medical corps of the U. S. navy, and will be resident in Washington, D. C., for several months.

Dr. Town of Grand Ledge has retired from active practice and sold his rights to Dr. G. D. Green of Holt.

The Grand Rapids Anti-Tuberculosis Society has been actively engaged in real work since August. A free clinic has been in operation, where over 40 persons have been examined and eleven positive cases discovered.

Dr. Randall Schuyler of Ann Arbor recently narrowly escaped death, in the wreck of the steamer Neshoto near Crisp Point in Lake Superior. He clung to a floating hatch cover for two hours before reaching shore, and then had to walk three miles to reach human habitation.

Dr. L. Fleckenstein has been appointed as health officer of Vernon, to succeed Dr. Wm. I. Whittaker, resigned.

Drs. I. N. Brainerd and J. N. Day are to deliver a series of public lectures in Alma upon the subject of Tuberculosis, under the auspices of the Ladies' Civic Improvement League.

In two or three weeks' time 18 cases of typhoid fever recently developed in the Michigan Home for Feeble-Minded, at Lapeer, with three deaths. An investigation has failed to show the origin of the disease.

Dr. H. E. McLennon, Battle Creek, is reported to have given up the practice of medicine, to go into the lumber business in Detroit.

An epidemic of diphtheria is reported to be prevalent in Augusta.

Marriages

Thomas Patton Camelon, M. D., to Miss Edith Leroy Hartwell, both of Detroit, September 15.

Russell Sturgis Rowland, M. D., Detroit, to Miss Margaret Lily Chace of Providence, R. I., October 14.

Thomas B. O'Keefe, Grand Rapids, to Mrs. Julia Shanwald, New York, in Washington, September 31.

Joseph L. McNeece, M. D., of Morley, to Miss Emma Belle Lehn, of Newark, N. J., September 25.

Stephen James O'Brien, M. D., to Miss Clara Eletha Crawford, both of Grand Marais, October 15.

Progress of Medical Science

MEDICINE.

Conducted by

T. B. COOLEY, M. D.

Tabes and Lues.—SCHUETZE reviews briefly the history of the Wassermann reaction, and the results obtained with it by himself and others, which show it to be positive in about 80% of all cases of unquestionable syphilis, and invariably negative in cases which are certainly not syphilitic; so that it is evidently a specific reaction. He then gives details of series of 100 cases of tabes tested by him at Moabit Hospital for the reaction. He used practically the same technic as Wassermann does and does not think that any of the newer, simplified methods have been proved to be reliable.

Of his 100 patients, 76 were males, and 24 females. Blood-serum was taken for the test in 71 cases, spinal fluid in 21, and both serum and spinal fluid in 8. Reaction was positive in 69 cases—52 males and 17 females. Forty-five positive reactions were with serum, 6 with serum and spinal fluid, and 18 with the spinal fluid. Reaction was not obtained in 7 out of 49 men who acknowledged syphilis, while all the 5 women who gave a syphilitic history reacted; of 25 men who denied syphilis, 7 gave the reaction, as did 4 of the 10 women who denied it. All of the 11 cases, men and women, whose history was doubtful, gave positive reaction.

SCHUETZE draws no conclusions from this series as to whether and to what extent the reaction is effected by a previous course of treatment with mercury, as most of these patients were tested but once. He has, however, noted in other cases that the reaction becomes less marked or disappears at times after a course of inunctions, and in the present cases there were a number of negative results in patients who had undergone systematic antisyphilitic treatment. He is thoroughly convinced of the great value of the Wassermann reaction, but thinks that for the present we must continue to use the complicated, but reliable technic of Wassermann, and not depend upon any of the simpler substitutes lately proposed.—*Zeitsch. f. Klin. Med.* Vol. 65, p. 397.

Serum Treatment of Cerebrospinal Meningitis.—MORGAN and WILKINSON report their results in ten cases of epidemic meningitis treated with Flexner's serum. The cases were all fairly typical. Three of the patients died, and of these one case,—that of an infant with chronic hydrocephalus,—was hopeless before the administration of serum. Omitting this, the mortality in the other nine was 22.2%, as compared with 65% to 85% under ordinary treatment.

The earliest day of the disease on which serum was administered was the fourth; the latest, the forty-ninth. In six cases the injections were between the seventh and thirty-fourth days, all patients recovering. The largest dose administered at any one time was 30 c.c.; the smallest, 5 c.c. All injections were made into the spinal canal. None of the cases were injected so early in the disease as they probably should have been, and this may have influenced the necessity for the various larger doses. The *diplococcus intracellularis* was found in all cases, while two were cases of a mixed infection.

The authors' conclusions are:

1. Following the serum injections there was usually considerable improvement in the clinical symptoms.

2. The course of the disease was considerably modified; an average for twenty-three days for all seven, and in five of the cases fifteen days.

3. Only two patients who recovered suffered from sequelæ.

4. The serum caused a marked diminution in the number of diplococci in the spinal fluid; a disappearance or a degeneration of the organism in coverslip, and in the majority of cases its growth was promptly inhibited.

5. Phagocytosis was either unchanged or increased.

6. In five out of eight cases the leucocytes showed degenerative changes following the serum injections. This explains the rapid clearing of the fluid observed following the injections.

7. The leucocyte count rose in three cases, in all of which the patients recovered. It fell in five cases, in two of which the patients died.

8. The disappearance of the (influenza) bacillus in Case 2, and probable disappearance of that in Case 6, suggest the use of an indifferent serum in influenza meningitis.—*Arch. Fub. Med.* Oct. 1908.

SURGERY

Conducted by

C. S. OAKMAN, M. D.

The Diagnosis of Duodenal Ulcer.—B. G. A. MOYNIHAN calls attention to certain features of the history in cases of duodenal ulcer, in a discussion before the Chicago Medical Society. The pain experienced by these patients comes on some time after eating,—from one-half to four hours. The period immediately following the ingestion of food is the most comfortable in the whole day. The pain is often preceded by a sense of uneasiness in the epigastrium, then by a burning gnawing sensation, with bitter taste in the mouth, and eructations of food or gas. Belching, or pressure exerted over the stomach sometimes affords relief. As the pain increases, it radiates through to the back, on the right side. The taking of food relieves the pain, which sometimes is so severe as to be described as colic. Appetite is generally good, and vomiting is not common. There is seldom stasis of stomach contents, and frequently hyper-acidity.

The pain may be a daily occurrence for weeks or months and then pass away, to recur again at irregular intervals. The attacks occur more often in cold weather, and in times of stress or worry. The diagnoses usually made in such cases are "chronic gastritis," "acid dyspepsia," "hyperchlorhydria." The author believes that duodenal is more serious that gastric ulcer and should be treated surgically. Gastro-enterostomy is the proper procedure, with an effort to infold the ulcer, if it is accessible, to prevent hemorrhage or perforation. The most satisfactory method of doing gastro-enterostomy is the posterior no-loop operation, with the bowel applied nearly vertically. Regurgitant vomiting after this operation is relieved by enteroanastomosis. The writer concludes that in cases showing real organic disease of stomach or duodenum surgery causes few deaths and many cures; if there is little or no evidence of structural change, the results of surgery have been nil or positively harmful.—*Surgery, Gynecology, and Obstetrics.* Oct. 1908.

Notes on the Arrest of Hepatic Hemorrhage Due to Trauma.—J. H. PRINGLE, Glasgow, writes upon this subject from a personal experience of eight cases, all of which were fatal. He tried various methods of controlling the bleeding in these several cases, and has performed experiments upon animals. He points out that a certain degree of hepatic hemorrhage is arrested naturally by the effect of the increased abdominal tension. This is shown in cases that have been operated on, where active bleeding had ceased, as evidenced by clots, only to begin again soon after the pressure is released by the celiotomy wound. He concludes that the abdomen should be opened as soon as the diagnosis is certain, the portal vein and hepatic artery should be compressed, to control the bleeding, and the hepatic wounds closed by ligation in mass or by gauze packing. For the purpose of suturing, he uses short, blunt, curved needles of soft steel, and does not approve the other mechanical devices, such as whalebone or magnesium strips.—*Annals of Surgery,* Oct. '08.

The Principle of Cerebral Decompression.—MUMFORD mentions that resection of parts of the skull to diminish intracranial pressure has been done for cerebral tumor more than for anything else; there are, however, other conditions which respond to the same treatment, and he recites three interesting cases in his own practice to illustrate this point. One was a case of Jacksonian epilepsy, following upon a head-injury, in a young man of twenty-one. The attacks consisted of twitchings of the right arm, with rarely a fit of unconsciousness. The second case was one of diffuse suppurative lepto-meningitis, resulting from a basal fracture, in a man of fifty, with symptoms of sepsis and intracranial pressure,—rising pulse, restlessness, headache, cyanosis. The third case was a man of forty-four who developed headaches, paresis of left arm and leg, urinary incontinence, and inequality of pupils after a fall. The paresis and incontinence passed away, but the other symptoms persisted, accompanied by loss of weight, and a changed mentality.

These cases were all subjected to the removal of large bone-flaps, opening of the dura, and relief of tension, and they all recovered.—*St. Paul Med. J.* '08.

PHARMACOLOGY AND THERAPEUTICS

Conducted by

H. A. FREUND, M. D.

Treatment of Cerebro-spinal Meningitis.—Morgan and Wilkinson give an excellent report, and complete study of ten cases of cerebro-spinal meningitis treated with Flexner's antimeningitis serum. During the epidemic in Washington in the early part of the present year, of ten cases treated at Garfield Hospital seven recovered and three died. This mortality of 30% the writers compare with a mortality of 81.9% in 1898-9. The injections were not made earlier in the course of the disease than the fourth day. The authors give a tabulated summary of the clinical signs that is of interest. They found the organism in the smears of spinal fluid from every case. They withdrew an amount of spinal fluid proportionate to the amount of serum to be injected. This varied from 5 c.c. to 30 c.c. Following the serum-injections there was usually considerable improvement in the clinical symptoms. The course of the disease was considerably modified; an average of twenty-three days for all seven, and in five of the cases, fifteen days. Only two patients who recovered suffered from sequelæ. The serum caused a marked diminution in the number of diplococci in the spinal fluid, a disappearance or degeneration of the organism in coverslips, and in the majority of cases its growth was promptly inhibited. Phagocytosis was either unchanged or increased. In five out of eight cases the leucocytes showed degenerative changes following the serum injections. The leucocyte count rose in three cases, in all of which the patients recovered. It fell in five cases, in two of which the patients died.—*Arch of Int. Med.*, Oct. 1908.

Blood Pressure Lowering Reflexes from Irrigation of the Chest.—Cannon and Lewis have investigated a very important subject,—the blood pressure lowering reflexes from irrigation of the chest in empyema. They produced artificial empyemas in dogs and irrigated with various irritant, antiseptic and bland solutions. Their results are worthy of note, and should be considered by every physician, who carries on flushing of the pleural cavity with various solutions that may induce either an exciter or a depressor influence on the arterial circulation.

Comparing the effect on the blood pressure of healthy dogs with that of empyema dogs, when a given solution is sued for irrigation, they conclude that tendency to reflex disturbances is the same in kind, but that the frequency of the reflexes and their severity is much more marked in the empyema dogs than in the healthy animals. Hot-water irrigation has a tendency to elevate blood pressure slightly. Cold water tends to lower blood pressure to a slight degree. Lugol's solution occasionally produces a marked fall in blood pressure, but the effect is transitory. Formalin (2%) in glycerin often sets up a depressor reflex, and this is sometimes dangerous to life. Hydrogen peroxid is seldom a menace to dogs, but is frequently so to those with empyema. Death may ensue even when the gas is allowed to escape. The comparative rarity of depressor reflexes during irrigation of empyema in man, as compared with those occurring in animal experiments, is probably due to the fact that in the old empyemas of man the pleura is usually protected by a thick fibrinous exudate. This protection, however, can not be relied on and, therefore, the practice of irrigating the pleural cavity with antiseptic solutions is not free from danger. Adrenalin administered intravenously helps to restore blood pressure, but its action is not lasting. Artificial respiration by intermittent positive pressure is the most reliable means of restoring and maintaining blood pressure, and also exerts a powerful preventative influence on the depressor nerves. As long as air is regularly and intermittently forced into the lungs under moderate pressure, depressor reflexes are not easily elicited by irritation of the pleural nerve endings. —*Arch. of Int. Med.*, Sept. 1908.

Asthma, Dyspnea, and Stomach-cough.—At a clinical lecture at the Hospital Tenon, Leven drew attention to the frequent occurrence of cases of asthma, of dyspnea, or of cough which are really dependent upon dyspeptic conditions. After discussing the pathogeny of these affections, he quoted several observations of patients who had been relieved, simply by gastric treatment, of their cough, or their asthmatic or dyspneic troubles. Treatment must mainly be directed against the dyspepsia. When the symptoms of this are not very marked, it is sometimes sufficient, in order to relieve the patients, to prohibit bread, wine, and sundry indigestible foods, such as cabbage, beef, uncooked foods, salads, vinegar, spices. In some cases it is necessary to forbid meat. Vegetarian diet is kept up for 15 to 30 days, and then, for several weeks, a small quantity of meat is allowed. The vegetables are given in purees. Warm drinks should be taken with the meals. The food must be thoroughly masticated, and after each meal a rest should be taken on a long chair. Anti-asthmatic remedies, the iodides for instance, are useless. If the patient has an asthmatic attack, warm drinks are given, and poultices and wet compresses applied to the abdomen and thorax. The irritability of the stomach can be allayed by syrup of codeia, one teaspoonful a quarter of an hour before each meal, or by allowing the patient to take every three hours through the day, and at night, if he is sleepless, a pinch of this mixture:—Rx.

Cretae Preparatae.....3iss
Bismuthi Subnit.....3j.
Misce. Fiat pulv.

Mineral waters are harmful when dyspepsia is present, but useful when it is relieved.—*La Trib. Med.*, Sept., 1908.

PATHOLOGY AND BACTERIOLOGY.

Conducted by

C. E. SIMPSON, M. D.

Diffuse Peritonitis in Women.—Of 338 cases of diffuse peritonitis reported by several observers, 218 were due to appendicitis, gastric ulcer was the cause of 27, bowel ulcer of 140, and infection of the gall bladder of 8. Extension of infection from pelvic inflammatory disease caused diffuse peritonitis in 28 cases. The author then reports 50 cases in which the infection was from the bowel in 21 and of pelvic origin in 13, excluding the 12 cases associated with pregnancy.

Considered from the point of etiology it was seen that the streptococcus was most frequently met and the colon bacillus next. Streptococcus infection of the peritoneum occurs in two ways, either by rupture or perforation of the intestine or rupture of an abscess, or, second, by extension of the infection through the lymphatics as is the case most frequently in puerperal infection. In streptococcus peritonitis, pus is usually very generally distributed throughout the abdominal cavity with little or no effort at repair, the gut is dry, glazed, and distended, and intestinal paralysis soon follows. Staphylococcus infection is also common and is frequently marked by metastatic abscess formation. Gonococcus infection is rare and usually not severe. Women are much less subject to tubercular infection of the peritoneum than are men and in them its origin is genital in 40 per cent.

Peritonitis during the puerperium may be divided into two forms: that from a previous focus of infection and lymphatic peritonitis. In the first class the organism does not pass through the genital canal but is the result of the lighting up of a previous focus of infection, as the rupture of pus tubes, infection of ovarian cysts, etc. Lymphatic peritonitis is usually of streptococcus origin and is marked by its severity. Here the infection is introduced from without the birth canal and is then taken up by the lymphatics.

The writer then goes on to discuss the diagnosis of diffuse peritonitis and its treatment.—ELLICE MCDONALD in *Surgery, Gynecology and Obstetrics,* Vol. 7, page 299.

The Transmission of Tuberculosis.—The important question of the transmission of tuberculosis has of late been investigated experimentally by several workers. Among them is G. KUSS, who gives the details of his experiments which prove that infected sputum is by no means harmless when it has become dry and pulverized. In his experiments he tried to make the conditions under which his animals lived similar to those surrounding human beings, examining dust from fabrics that had been dried and then swept, that had been kept in dark corners, etc. His conclusions are that sputum under favorable conditions may become dry rapidly and be easily reduced to a fine dust, especially by sweeping. Such dust is extremely virulent when desiccation has occurred rapidly and in darkness. It is easy to infect guinea pigs by making them breathe air filled with dust from sweeping such locations. Such tuberculosis is anatomically similar to primary infantile tuberculosis. Such findings seem to establish the fact definitely that dry infected sputum is to be feared as a source of tuberculosis.—*Bulletin Medical.*

The Transmission of Bovine Tuberculosis to Man.—STEFFENHAGEN gives a summary of the findings made in the German Royal Department of Health, altogether 140 cases of tuberculosis having been investigated. Of these 117 were found to be infected with the human type of the bacillus; 21, all children, with the bacillus of bovine tuberculosis, and 3 with both types. Of these infected with the bovine type alone, 13 showed primary infection of the intestine and mesenteric glands, and six were cases of tuberculosis of the cervical glands. These figures must not be taken as indicating the relative frequency of infection with the bovine and human types of disease because special care was taken to investigate children in whom the site of the disease and the history suggested the possibility of a bovine infection. It seems certain, however, that in childhood the infection of the gastro-intestinal tract and of the cervical glands with the bovine type of bacilli is much more frequent than Koch's much discussed statement would lead one to believe. So far as children are concerned the protection of their food from infection with bovine bacilli is imperative, and such protective means for the most part proper measures for obtaining pure milk or rendering milk harmless.—*Medical Record,* Vol. 74, page 533, abstracted from *Berl. klin. Woch.,* Aug. 17, '08.

PEDIATRICS.

Conducted by

R. S. ROWLAND, M. D.

What Suggestion Can Do for Children. In a recent popular article Rev. Elwood Worcester, D.D., Ph.D., gives much of interest to the physician as well as the layman, regarding suggestions given to children in natural sleep.

Dr. Worcester says that of all human beings children are the most suggestible, the successful teacher controls her charge by this means. In addition to intoxicating our children with joy and teaching them through the spirit of play, there is a third method of influencing the child soul, absolutely harmless and frequently very efficacious; it is by addressing our children in natural sleep.

The explanation is something as follows: A certain degree of abstraction is almost indispensable to suggestion. In natural sleep the spoken suggestion encounters no rivalry or opposition. It occupies the field of consciousness exclusively, hence it is more likely to succeed. Our last waking thoughts are as a rule the most important which we ever think, for the reason that they persist in the mind during the period when the mind is most suggestible.

Apart from the simplicity and ease of this method of suggestion it is peculiarly valuable in the treatment of children on account of the extreme suggestibility of the child and because of the depth of childhood sleep. Suggestion so given sinks deep into the mind of a sleeping child and emerges as his own thoughts and purpose. According to the writer's belief these suggestions are addressed to the subconscious mind. The results which follow are due to the fact that the suggestions are not offset by counter-suggestions or thwarted by paralyzing doubts.

During the past two years Dr. Worcester has treated over a hundred children. The records show slight improvement in 8 per cent of the cases, marked improvement in about 45 per cent. while in 35 per cent the treatment was perfectly successful, leaving only 12 per cent in which no change was discernible.

In describing his method of procedure the author says that it is of the most importance that the child should not be startled or disturbed, so he prefers that the suggestion should be given by the mother if she have faith in the method and sufficient intelligence and force of character to employ it successfully. Faith on the part of the operator is of prime importance. Mere perfunctory statements have no effect on the sick or well. It is best that the child should not be informed of the effort made in its behalf in order that there may be no opposition on its part and no counter-suggestions. The suggestion should be repeated several times in different words. The language should be simple and adapted to the child's comprehension. The words should be spoken in a low earnest tone, or they may be whispered into the child's ear. In treating a child personally Dr. Worcester tries to become acquainted with the child first, to accustom it to the sound of his voice, to gain its confidence and if possible its affection. In giving suggestions as to undesirable habits, which is the usual object of this treatment, he finds it best to give the suggestion in a twofold form; negative and positive. The first are designed to wean the child's mind from the bad tendency, to paint the habit in such a light as to set the child's will and conscience in opposition to it. Having given the warning he next describes in the most winning language the virtue to be implanted in the child's mind. Among the disorders and habits successfully treated by the means described are morbid fears, bed-wetting, biting the nails, sucking the thumb, sleep walking, self-abuse, stammering, bad dreams, a disposition to lie and steal, violent outbursts of anger, lack of mental concentration, defective memory, lack of confidence and courage, etc.

In conclusion Dr. Worcester says that he does not wish to give the impression that he regards sleeping suggestion as a panacea for the ills of childhood. He regards suggestion of this sort simply as one of the means, not always the most important at the disposal of psychotherapy. The value of the suggestion depends wholly upon its character and upon the character, faith, and intelligence of the person who makes it. The transition is made with little effort, and the improvement is usually permanent.—*The Ladies' Home Journal,* Oct., 1908.

LARYNGOLOGY.

Conducted by

J. E. GLEASON, M. D.

Concerning the Therapy of Tonsillar Abscess.—Contrary to the usual treatment for tonsillar abscess, SOMMER recommends the following procedure. The diagnosis having been established, he immediately does a tonsillotomy either with a curved bistoury or with a tonsillotome. He claims to open the abscess by this procedure almost constantly, when it is often difficult otherwise to locate it, and at the same time prevents later attacks. (?) For local anesthesia he uses a five per cent solution of cocain applied several times, and then injects a syringe full of three per cent cocain with several drops of adrenalin. When there is lockjaw, the result of inflammatory swelling, he opens the mouth slowly in narcosis.—*Munch. med. Woch.*, 53-2.

Nose, Throat, Larynx, and Ear Disturbances in the Course of Kidney Diseases.—SEDZIAK mentions the following nasal conditions as often associated with kidney diseases:—epistaxis, rhinitis and rhinopharyngitis atrophica. Involving the mouth cavity and pharynx are frequently seen bleeding, edema, anemia, pharyngitis sicca, tonsillar abscess, stomatitis, pharyngitis uremica, and glossitis membranacea. In the larynx are observed edema, asthma, aphasia uremica, and laryngitis hemorrhagica. Frequent ear complications are otitis media, acuta simplex and hemorrhagica, otitis necrotica in the middle ear and mastoid, extravasations into the labyrinth, anesthesia acoustica and tinnitus.—*Ref. Archiv. fur Ohrenheil*, 72-1 & 2.

Cricotomy for Removal of Subglottic Laryngeal Papilloma in Small Children, and the Prevention of the Return of the Papilloma by the Internal Use of Arsenic.—When there are symptoms of suffocation, KÖRNER recommends for the complete eradication of subglottic papilloma cricotomy, or if necessary cricotracheotomy as the simplest and best procedure in contradistinction to thyrotomy. The lower edge of the thyroid cartilage is raised with a hook so that there is obtained room enough for inspection and operative attack. For the prevention of the so frequent return, KÖRNER advises arsenic. In adults he begins with one mg., in the form of granules twice daily, increased after two weeks, to three times daily, and continues this treatment for months. With a 3½ year old child, the author began with one drop of Fowler's solution in water three times daily and gradually increased the dose to three drops three times a day. —*Zeitschrift für Bhrenheilkund.*

Contributions to the Histology and Pathogenesis of Tonsillar Hyperplasia.—LINDT bases his observations on hyperplastic tonsils which had been removed from fifty cases between the age of three and fifty-six years, and on six tonsils removed post mortem from children under one year of age. The assertion of Brieger and others that the histological picture of tonsillar hyperplasia is in general always the same, and that from this alone no conclusions can be drawn concerning the health of the patient nor concerning the cause of the hyperplasia, was verified. Comparisons of the microscopical pictures in the cases of the author according to the general condition of the patients, have not shown substantial differences. The few peculiarities found in debilitated general conditions, like the increased numbers of leucocytes and eosinophile cells, the presence of tuberculosis, offered nothing constant, so that upon these is not dependent the appearance of a certain form of tonsillar hyperplasia. In regard to the method of involution the author agrees with Goerke. The follicle centers offer no prolonged resistance to involution. The parenchyma first gives up its characteristics and then disappears. On the other hand the appearance of squamous epithelium has nothing to do with the involution process as such, since it is only a reaction increasing with years to the harmful influences working from without. Likewise cyst formation in the propria, as well as obliteration, hyaline degeneration and dilatation of vessels are not peculiar to involution but are found in young as well as old tonsils. Concerning the physiology of the tonsils the author agrees with the Goerke-Brieber hypothesis, and opposes Schoneman's view. He views the migration of the lymphocytes through the epithelial covering to the surface only as an expression of the function of the tonsils, and he considers the tonsil therefore as an organ which, differing in structure and function from the ordinary lymph glands, offers a protective contrivance to the mucous membrane of the upper air and digestive tracts.—*Zeitschrift für Ohrenheil*, LV. 1-2.

OTOLOGY.

Conducted by

EMIL AMBERG, M. D.

The Treatment of Acute Middle Ear Suppuration with Nipple-like Perforation by Aspiration of Pus by the Way of the External Auditory Canal.—MUCK says that the acute middle ear suppurations with bulging of the drum-membrane in the upper posterior quadrant are unfavorable for the following reason: There exists a loose net of connective tissue between the long process of the incus, the stapes, the entrance into the antrum and the inner wall of the tympanum and recessus. This network swells up considerably when inflamed, the meshes become saturated with pus "like a very wet sponge" and separate the largest portion of the tympanum from the pneumatic accessory cavities which are mostly simultaneously affected. Hereby a retention of pus occurs in spite of a perforation or paracentesis of the drum-membrane. This pus retention then frequently necessitates the opening of the mastoid process (Kuemmel). An additional factor liable of serious consequences consists of the circumstance that the epidermis of the drum-membrane during the formation of the nipple forces itself into the narrow channel by which procedure the opening is made still smaller, as Katz has shown. It is true that fair results are obtained if the nipple is removed resp. squeezed (Haug). Muck recommends suction of the inflamed tissue of the tympanic cavity with the apparatus advised by him as the more harmless and as he almost says abortive treatment. He observed five cases with pronounced nipple-like perforation of the upper posterior quadrant among one hundred and fifty cases of acute middle ear suppuration. These cases healed on an average after a week when treated by suction. It is necessary to suck intermittently, i. e., repeatedly in one sitting. One sees pus in the canal after the apparatus has been removed. After cleansing the canal each time, one can get five or ten times more pus by suction. One stops when the exudate becomes blood-stained. This treatment is applied daily. After the tympanic cavity is relieved of a part of the exudate, the resorbing factor of the hyperemia produced by suction (Bier-Klapp) shows itself as a curative agency. When an affection of the mastoid process is evident, one cannot be successful any more with this procedure.—*Zeitschrift fuer Ohrenheilkunde, tc.*, Vol. LVI., Part 1.

Clinical Studies in Regard to Surgical Interference in Otogenic Meningitis.—ALEXANDER speaks in his article about the position which the lumbar puncture occupies in meningitis when viewed from a clinically practical standpoint. There exist important modifications regarding the pressure under which the fluid is evacuated. Under normal pressure the fluid flows about in the form of a part of a circle, if the pressure is increased it flows in the shape of a part of an ellipsis in a strong current, if the pressure of the outflow is diminished it flows at an angle to the needle or in drops. A negative result of lumbar puncture can be observed in rare cases. It is a sign of purulent meningitis and of much exudate in the posterior cranial fossa and of an obstruction of the formen magendi or a sign of meningitis spinalis. In regard to the color of the evacuated fluid the following must be said. Clear yellowish fluid is sometimes found in meningitis tuberculosa; otherwise a white or yellow color with cloudiness speaks almost always for purulent meningitis. The transparency is of greater importance. If the normally clear fluid contains very small white particles or threads it means the presence of meningitis if the clinical symptoms are also present. Yet it must be remembered that considerable cloudiness of the cerebrospinal fluid can be observed if there exist pus foci very near to the intrameningeal space even without traces of inflammatory changes of the meninges themselves which could be demonstrated clinically or by findings post mortem (Koerner, Voss). In regard to the microscopical finding, the infectious purulent meningitis is well characterized by polynuclear leucocytes and microorganisms. Of the greatest diagnostic importance is the appearance of coagulates in the fluid after 3-24 hours (Breuer). It points to meningeal changes especially in those cases in which clear fluid was avacuated and is therefore characteristic for meningitis serosa. It must, however, be observed that the fluid must be protected from any artificial contamination with blood, because this can produce coagulation in a totally normal fluid even if only a very minute quantity is present. Through the lumbar puncture we obtain exact information about the condition of the meninges at the time of operation. The result of the lumbar puncture, however, cannot include a contraindication in regard to surgical interference.—*Archiv. fuer Ohrenheilkunde*, Vol. 76, parts one and two.